

<b>Case Number:</b>	CM15-0085327		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old female, who sustained an industrial injury on 05/08/2008. The injured worker reported a left hip pain and low back pain secondary to pulling a banquet cart from an elevator. On provider visit dated 03/27/2015 the injured worker has reported lower backache and left hip pain. She reported poor sleep quality. On examination the lumbar spine we noted to have a restricted range of motion. Palpation of paravertebral muscles therenioted as hypertonicity, spasm and tenderness noted on both sides. Straight leg test was positive on the left, Faber test was positive and tenderness was noted coccyx sacroiliac spine. Left hip revealed restricted range of motion with pain, and tenderness over the groin, SI joint, trochanter Gaenslen's was noted as positive. The diagnoses have included lumbar radiculopathy, hip pain, sacroiliitis, sacroiliac pain, low back pain and disorder of coccyx. Treatment to date has included medication, laboratory studies and diagnostics studies. The provider requested Omeprazole DR 20mg, Tylenol with Codeine #3 300/30mg and Rozerem 8 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tylenol with Codeine #3 300/30mg qty:60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she reported not taking the Tylenol #3 due to lack of approval and reported an increase in her pain because of this fact. However, there was insufficient reporting found in the documentation from previous use to show clear functional gain and measurable pain level reduction or current reports of measurable pain level increase and specific functional decline compared to when the Tylenol #3 was used previously to help assess for medical necessity. Without this evidence of measurable benefit with its use, the request for Tylenol with codeine #3 300/30 mg will be considered medically unnecessary for now.

**Rozerem 8mg qty:30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). One systematic review concluded that there is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. In the case of this worker, a request for a trial of this type of medication (Rozerem) is reasonable to consider a trial for 30 days as requested as it has been shown to be uniquely different than other sleep aids and is not likely to lead to dependence. However, it may not lead to significant improvement in quality sleep duration in this case. However, for the sake of trial, the request for Rozerem 8 mg #30 will be considered medically necessary as the worker is still

having trouble sleeping. Requests for continuation of this medication would certainly need to be backed up by clear evidence of benefit with use after this trial.

**Omeprazole Dr 20mg qty:30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to support the use of chronic omeprazole. There was no record of her taking any NSAID medications, and there was no clear medical history to suggest independent of the lack of NSAID use, she was at an elevated risk for a gastrointestinal event. Therefore, the request for continuation of omeprazole will be considered medically unnecessary.