

<b>Case Number:</b>	CM13-0031339		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Thus far, the applicant has been treated with the following: Analgesic medications; three prior lumbar spine surgeries; opioid analgesic; muscle relaxant; and the apparent imposition of permanent work restrictions through an agreed medical evaluation. In a utilization review report of September 18, 2013, the claims administrator certified the request for Voltaren and senna while denying Percocet, Ambien, Prilosec, and Voltaren. The applicant's attorney subsequently appealed, on October 1, 2013. A later note of October 22, 2013 is notable for comments that the applicant reports 8/10 pain. It is noted that medications are being denied. Percocet, Ambien, Prilosec, Voltaren, and sacroiliac joint blocks are endorsed. In an earlier note of August 13, 2013, the attending provider again refilled Percocet, Ambien, Prilosec, Soma, senna, and both oral and topical Voltaren. Multiple other notes are reviewed, including a prior note of July 16, 2013. The attending provider refills the applicant's medications but does not comment on her response to the same. A later note of September 25, 2013 is notable for comments that the applicant failed prior rhizotomy procedures and remains off of work, on total temporary disability

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Continuation of Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, the applicant seemingly meets none of the aforementioned criteria. There is no evidence of improved functioning and/or reduced pain effected through ongoing opioid usage. The applicant has failed to return to any form of work. Continuing opioids in this context is not indicated. Therefore, the request remains non-certified, on independent medical review.

**Zolpidem 10 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section (Chronic), Zolpidem. .

**Decision rationale:** As noted in the ODG chronic pain chapter zolpidem topic, zolpidem or Ambien is recommended for the short-term treatment of insomnia for a period of two to six weeks. It is not recommended for chronic, long-term, or scheduled use purposes, as is being proposed here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

**Prilosec 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of Dyspepsia secondary to NSAID therapy Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, the attending provider does not specifically document the presence of dyspepsia for which usage of Prilosec would be indicated. In fact, in a July 16, 2013 report, it is stated that the applicant's gastrointestinal review of symptoms is negative. A later progress note states that the review of symptoms is unchanged. Thus, there is no mention of any dyspepsia for which usage of Prilosec would be indicated. Accordingly, the request remains non-certified, on independent medical review.

**Voltaren gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Volteran gel (diclofenac), Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of arthritis in small joints which lend themselves toward topical application, such as the knee, wrist, foot, hand, elbow, etc. In this case, however, the applicant has chronic low back pain. The low back is not a joint which lends itself toward topical application. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.