

Case Number:	CM14-0118101		
Date Assigned:	08/06/2014	Date of Injury:	06/04/2010
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/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:

The injured worker is a 41-year-old male smoker who reported an injury due to moving heavy boxes on 06/04/2010. On 06/20/2014, his diagnoses included lumbago, intervertebral lumbar disc disorder with myelopathy, thoracic/lumbosacral neuritis/radiculitis unspecified, degenerative lumbar/lumbosacral intervertebral disc disease, and postlaminectomy syndrome of the lumbar region. On 01/14/2014, his medications included oxycodone 30 mg, zolpidem 10 mg, omeprazole 20 mg, Soma 350 mg, gabapentin 800 mg, Nexium 20 mg, Xanax 1 mg, Enablex XR 24 H, Rapaflo of an unknown dose, and Viagra of an unknown dose. On 03/28/2014, nizatidine (Axid), was added to his medication regimen. The rationale was that this worker had tapered down his Prilosec from 2 to 1 per day, and the recommendation was to increase it back to 2 a day and add the H2 blocker, Axid, to help with symptoms, specifically, medication induced nausea and loading, concurrently with Oxycontin. The note further stated this injured worker's urine drugs and CURES reports were appropriate for the medications he was prescribed. Rationale for the requested oxycodone was for pain and the omeprazole was for gastritis/reflux. No other rationale or Request for Authorization was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #90 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 1mg #90 with three (3) refills is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to its varying actions occurs within weeks. The guidelines do not support the continued use of benzodiazepines. Additionally, there was no frequency of administration included with his request. Therefore, this request for Xanax 1mg #90 with three (3) refills is not medically necessary.

Soma 350mg #90 wit three (3) refills: 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) Pain, Carisoprodol (Soma)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 350mg #90 wit three (3) refills is not medically necessary. The California MTUS Guidelines do not recommend this medication. It is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary acting metabolite is meprobamate, a schedule IV controlled substance. In regular users, the main concern is the accumulation of meprobamate. Soma abuse has also been noted in order to augment or alter the effects of other drugs, including in combination with hydrocodone, which this injured worker is taking, and the effect that some abusers claim is similar to heroin. The guidelines do not support the continued use of this medication. Additionally, the request did not include frequency of administration. Therefore, this request for Soma 350mg #90 wit three (3) refills is not medically necessary.

Zolpidem Tartrate 10mg #30 with three (3) refills: 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) Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

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

Decision rationale: The request for Zolpidem Tartrate 10mg #30 with three (3) refills is not medically necessary. Per the Official Disability Guidelines, zolpidem is a short acting nonbenzodiazepine hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers, are commonly prescribed in chronic

pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long run. Additionally, zolpidem has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This injured worker has been taking zolpidem for greater than 6 months. This exceeds the recommendations in the guidelines. Additionally, the request did not include frequency of administration. Therefore, this request for Zolpidem Tartrate 10mg #30 with three (3) refills is not medically necessary.

Nizatidine 150mg #60 with no refills: 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) Pain, Antiemetics (for opioid nausea)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: rxlist.com

Decision rationale: The request for Nizatidine 150mg #60 with no refills is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. Nizatidine is indicated for up to 8 weeks for the treatment of active duodenal ulcers. It is also indicated for up to 12 weeks for the treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and for up to 8 weeks for the treatment of active benign gastric ulcer. There is no indication that this injured worker had any of the above diagnoses. The guidelines further recommend that for the treatment of dyspepsia, secondary to NSAID therapy, the recommendation was to stop and switch to a different NSAID, and at that time consider an H2 receptor antagonist such as Axid. The guidelines do not support the use of this medication for this injured worker. Additionally, the request did not include frequency of administration. Therefore, this request for Nizatidine 150mg #60 with no refills is not medically necessary.

Omeprazole 20mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #60 with no refills is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which

includes omeprazole, may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. Although he may have had some of the symptoms of GERD, this injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Omeprazole 20mg #60 with no refills is not medically necessary.

Oxycodone HCL 30mg #200 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Oxycodone HCL 30mg #200 with no refills is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, or antidepressants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirins, or antidepressants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. The clinical information submitted failed to meet the evidence based guidelines for continued use of this opioid medication. Therefore, the request for Oxycodone HCL 30mg #200 with no refills is not medically necessary.