

Case Number:	CM14-0141134		
Date Assigned:	09/10/2014	Date of Injury:	11/22/2008
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Pain Management, 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 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 68-year-old female who sustained an injury on 11/22/08. According to the previous utilization review report dated 08/04/14 she complained of persistent low back pain radiating to the lower extremities worse on the left. The epidural steroid injection only helped for three days. Current medications include ibuprofen 800 mg, Prilosec, Ambien 5 mg, and transcutaneous electrical nerve stimulation unit. She did not get benefit from ibuprofen. There was no documentation regarding physical exam, urine drug screen reports, diagnostic studies, or medications. The request for Motrin 800 mg # 30, with 5 refills, Prilosec 20 mg # 30 with five refills, and Ambien 5 mg #30 with five refills were denied on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg # 30, with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drug Page(s): 67-68.

Decision rationale: Per guidelines, nonsteroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief

for low back pain suggested that nonsteroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that nonsteroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. There is no evidence of long-term effectiveness for pain or function. The medical records do not demonstrate that this worker has obtained any benefit with the medication regimen. There is no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with continuous use. Long term use of nonsteroidal anti-inflammatory drugs is not recommended due to potential side effects such as raising blood pressure, as well as adverse effects of gastrointestinal and kidney. In the absence of objective functional improvement, Motrin is not medically necessary.

Prilosec 20 mg # 30 with five refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state proton pump inhibitor medications such as Omeprazole (Prilosec) may be indicated for workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drugs (e.g., nonsteroidal anti-inflammatory drugs + low-dose aspirin). Treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy recommendation is to stop the nonsteroidal anti-inflammatory drugs, switch to a different nonsteroidal anti-inflammatory drug, or consider H₂-receptor antagonists or a proton pump inhibitor. The medical records do not establish the worker has gastrointestinal symptoms or is at significant risk for gastrointestinal events. There is no evidence of significant dyspepsia unresponsive to change in cessation or change of nonsteroidal anti-inflammatory drugs or proton pump inhibitor. Furthermore, long-term proton pump inhibitor use (> 1 year) has been shown to increase the risk of hip fracture. Thus, in accordance with the Chronic Pain Medical Treatment Guidelines the request is not medically necessary.

Ambien 5 mg #30 with five 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), Zolpidem

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

Decision rationale: Chronic Pain Medical Treatment Guidelines do not address the issue in dispute and hence the Official Disability Guidelines have been consulted. As per Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. There is no documentation of a detailed evaluation of insomnia. In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia and addressing sleep hygiene, the request is not medically necessary according to the guidelines.