

Case Number:	CM14-0161523		
Date Assigned:	10/07/2014	Date of Injury:	10/19/2011
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation and Pain 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 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 54-year-old male who reported an injury on 10/19/2011. The mechanism of injury was not included in the review. The injured worker had a diagnosis of rotator cuff dis NEC (other specified disorders). Past treatment had included medications and work modification. Per the clinical notes dated 09/11/2014 the injured worker complained of pain in the right shoulder, right hip and in the low back radiating down the right leg. The pertinent objective findings included tenderness to palpation of the paracervical and trapezius muscles, restricted range of motion of the lumbar spine, spasm and tenderness to palpation of the right lumbar paravertebral muscles, positive lumbar facet loading on the right side, restricted range of motion of the right shoulder, positive Hawkins's test, positive Neer test, positive drop arm test, tenderness in the subdeltoid bursa, restricted range of motion of the right hip, mild weakness of the extensor hallucis longus and of the ankle dorsi flexors on the right side, light decrease to sensation over L4 and S1 distributions on the right side and positive straight leg raise test on the right side. The medications included Dexilant 60mg, Ambien 10 mg, naproxen 500 mg #60, and Ultram 50 mg #45. The treatment plan included a continuation of medications. A request for The Request for Dexilant Dr 60mg #30 with 3 refills. No rationale was included in the documentation submitted for review. Authorization was not submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dexilant DR60mg, #30 with 3 refills: 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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The request for 1 prescription of Dexilant DR 60mg, #30 with 3 refills is not medically necessary. According to the California MTUS the criteria for the use of proton pump inhibitors includes: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The Official Disability Guidelines recommend that patients at risk for gastrointestinal events should first trial omeprazole or lansoprazole before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ (Agency for Healthcare Research and Quality) Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. The submitted documentation failed to include any evidence to support gastrointestinal complaints. No documentation was submitted to support the injured worker has tried the recommended primary proton pump inhibitors (PPI) of omeprazole or lansoprazole. Therefore, the request for 1 prescription of Dexilant DR 60mg, #30 with 3 refills is not medically necessary.

1 prescription of Ambien 10mg, #20: 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 Chapter, Zolpidem

Decision rationale: The request for Ambien 10mg, #20 is not medically necessary. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term (usually 2 to 6 weeks) treatment of insomnia. They can be habit forming, and they may impair function and memory more than opioid pain killers. There is also concern that they may increase pain and depression over the long term. The guidelines indicate that Ambien is short acting and should be no longer than 2 to 6 weeks of treatment of insomnia. The clinical notes indicate that the injured worker was prescribed the Ambien on his 06/19/2014 visit and has continued to take it with no further rationale provided as to why the patient should take the medication long term. The request did not indicate the frequency. As such, the request is not medically necessary.