

Case Number:	CM14-0147548		
Date Assigned:	09/15/2014	Date of Injury:	01/28/2002
Decision Date:	01/30/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 58-year-old male with date of injury of 01/28/2002. The listed diagnoses from the 07/22/2014 are: 1. Lumbosacral radiculopathy. 2. Status post lumbar spine fusion with hardware removal, date unknown. According to this report, the patient complains of chronic pain in his lumbar spine. The examination shows a spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation is noted in the L5-S1 dermatomes bilaterally. The 04/29/2014 report notes decreased ROM in the lumbar spine. Numbness and pain was present on the right leg over the S1 dermatome. Positive Hawkin's and Impingement sign with weakness and tenderness over the AC joint line. McMurray's test is positive. Treatment reports from 01/03/2013 to 07/23/2014 were provided for review. The utilization review denied the request on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic lumbar spine pain. The treating physician is requesting Ambien 5 mg #30 with 5 refills. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines on zolpidem states "Zolpidem [Ambien (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien on 01/28/2014. In this case, Ambien is not recommended for long term use per the ODG Guidelines. The request is not medically necessary.

Norco 10/325mg #150 with refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Opioids; On-Going Management Page(s): 88 and 89, 78..

Decision rationale: This patient presents with chronic lumbar spine pain. The treating physician is requesting Norco 10/325 mg quantity 150 with refills. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 01/28/2014. The 06/24/2014 report shows that the patient is status post 2-level lumbar arthrodesis with subsequent hardware removal and multiple knee surgeries as well as shoulder surgeries (date unknown). The patient has been "well-maintained on his medication regimen" of Norco 10 mg, Prilosec 20 mg daily for stomach protection and gastritis, and Ambien for nightly insomnia. Examination shows spasm and tenderness in the paravertebral musculature of the lumbar spine with decreased range of motion. Well-healed incisions were noted over the previous operative sites. The patient ambulates with an antalgic gait. The 07/16/2014 report notes that the patient continues to complain of low back pain radiating into the lower extremities despite surgical intervention. He complains of mostly pain and numbness with a cold sensation in the right lower leg. The patient continues to have left shoulder pain with decreased range of motion as well as right knee pain with locking, popping, and instability. Spasm, tenderness, and guarding were noted in the paravertebral musculature of the lumbar spine with decreased range of motion. Decreased sensation is noted over the L5 dermatomes bilaterally. Despite multiple medications, his verbal analog pain score has remained as high as 8/10. In this case, the treating physician has provided a pain scale to denote the patient's current pain. However, there is no discussion on medication efficacy. While the treating physician notes that the patient, "Has been well-maintained on his medication regimen". There is no before and after pain scales provided to show analgesia. No specific ADLs were discussed, no change in work status or return to work to show significant

functional improvement. No side effects were discussed and no aberrant drug seeking behaviors such as a urine drug screen and CURES report were noted. The patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

Prilosec 20 mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risks Page(s): 68 and 69.

Decision rationale: This patient presents with chronic lumbar spine pain. The treating physician is requesting Prilosec 20 mg quantity 30 with 5 refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed a PPI on 01/20/2014. The 07/22/2014 notes that Prilosec was prescribed to "mitigates the effects of medications." None of the reports document gastritis or gastrointestinal issues and there is no current prescription for NSAIDs. In this case, the MTUS Guidelines do not support the routine use of PPIs without documentation of gastrointestinal events or GI risk assessment. The request is not medically necessary.