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| Case Number: | CM14-0213117 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 08/17/2011 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 56 year old woman with a date of injury of 8/17/11. She was seen by her secondary physician on 10/15/14 with complaints of chronic lumbar spine pain with radiation to her lower extremities. Her physical exam showed she was ambulatory with a walker. She had spasm and tenderness of the lumbar paravertebral muscles with decreased range of motion on flexion/extension. She had decreased sensation noted at the L5-S1 dermatomes bilaterally. Her medications included Prilosec, anaprox, norflex, norco and ambien. She was seen again on 11/19/14 for cervical and lumbar pain. Her diagnoses were lumbosacral radiculopathy and thoracic sprain/strain. The records indicate that she was prescribed ambien for sleep disturbance and that she was counseled regarding appropriate sleep hygiene. At issue in this review are the request for medications: ambien, norflex and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg quantity 180: 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), TWC, www.odgtreatment.com, Work Data Loss Institute, www.worklossdata.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: treatment of insomnia and drug information - Zolpidem

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy would be used prior to medications. In this injured worker, the sleep pattern or level of insomnia is not addressed. There is a brief mention that the worker was counseled in sleep hygiene. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien.

Norflex 100mg quantity 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included use of several medications including narcotics, NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify long-term use. The medical necessity of cyclobenzaprine is not substantiated in the records.

Omeprazole 20mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2011. Her medical course has included use of several medications including naproxen, muscle relaxants and opioids. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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 records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.