

<b>Case Number:</b>	CM14-0215910		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/09/2004
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male who was injured at work on 04/09/2004. He is reported to be complaining of neck pain, upper and lower back pain, bilateral shoulder pain, and bilateral hip pain. The pain is about 8/10 in severity. In addition, he suffers from poor erection, poor bowel and bladder control, as well as Gastrointestinal reflux disease. The physical examination revealed diminished sensation in the right mid anterior thigh, right mid lateral calf, but intact sensation in the right lateral ankle. The worker has been diagnosed of cervical disc bulge, Thoracic disc bulge, Probable Lumbar disc rupture, right shoulder strain, left shoulder strain, right elbow surgery, left hip strain, right hip strain. Treatments have included desimipramine and Ambien(Zolpidem). At dispute are the requests for Motrin 800mg #90, times 2 refills, Prilosec 20mg #30, times 2 refills; Ambien 10mg # 15, times 2 refills, and Flexeril 10mg #30, times 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90, times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2004. The medical records provided indicate the diagnosis of cervical disc bulge, Thoracic disc bulge, Probable Lumbar disc rupture, right shoulder strain, left shoulder strain, right elbow surgery, left hip strain, right hip strain. Treatments have included desimipramine and Ambien (Zolpidem). The medical records provided for review do not indicate a medical necessity for Motrin 800mg #90, times 2 refills. The MTUS recommends the use of the lowest dose of the Non-steroidal anti-inflammatory drugs (NSAIDs) for the shortest period in patients with moderate to severe pain. Furthermore, the MTUS states that a Cochrane review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen and muscle relaxants in the treatment of acute exacerbation of back pain. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The recommended dose of Ibuprofen is 1200 mg to 3200 mg daily, although, there may be no improvement in response beyond 2400 mg. The records did not indicate the dosing frequency for the requested Ibuprofen; besides, the 800 mg strength is usually recommended for Osteoarthritis, but there is no indication the injured worker is being treated for Osteoarthritis. Therefore, the request is not medically necessary and appropriate.

**Prilosec 20mg #30, times 2 refills:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2004 . The medical records provided indicate the diagnosis of cervical disc bulge, Thoracic disc bulge, Probable Lumbar disc rupture, right shoulder strain, left shoulder strain, right elbow surgery, left hip strain, right hip strain. Treatments have included desimipramine and Ambien(Zolpidem). The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #30, times 2 refills. Although the injured worker is reported to be suffering from Gastro-esophageal reflux disease, a condition that is treated by the use of proton pump inhibitors, like Prilosec, the GERD is a pre-existing medical condition, and not work related. However, being more than 65 years of age predisposes him to the risk for gastrointestinal event if treated with NSAIDs. The MTUS recognize the risk factors for gastrointestinal events as (1) age > 65 years; (2) history of peptic ulcer, Gastro-intestinal I bleeding or perforation; (3) concurrent use of Aspirin or corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs (example NSAID with low-dose Aspirin). Nevertheless, the report indicates he is taking the Prilosec for GERD. Therefore, the requested treatment is not medically necessary and appropriate since the NSAID has been determined to be not medically necessary.

**Ambien 10mg # 15, times 2 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 Chapter, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The injured worker sustained a work related injury on 04/09/2004 . The medical records provided indicate the diagnosis of cervical disc bulge, Thoracic disc bulge, Probable Lumbar disc rupture, right shoulder strain, left shoulder strain, right elbow surgery, left hip strain, right hip strain. Treatments have included desimipramine and Ambien(Zolpidem). The medical records provided for review do not indicate a medical necessity for

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2004 . The medical records provided indicate the diagnosis of cervical disc bulge, Thoracic disc bulge, Probable Lumbar disc rupture, right shoulder strain, left shoulder strain, right elbow surgery, left hip strain, right hip strain. Treatments have included desimipramine and Ambien (Zolpidem). The medical records provided for review do not indicate a medical necessity for Ambien 10mg # 15, times 2 refills. The MTUS is silent on this, but the Official Disability Guidelines states :Zolpidem is a prescription short-acting non benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The records indicate the injured worker has been using this medication since 07/2014. The requested treatment is not medically necessary.

**Flexeril 10mg #30, times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2004 . The medical records provided indicate the diagnosis of cervical disc bulge, Thoracic disc bulge, Probable Lumbar disc rupture, right shoulder strain, left shoulder strain, right elbow surgery, left hip strain, right hip strain. Treatments have included desimipramine and Ambien(Zolpidem). The medical records provided for review do not indicate a medical necessity for Flexeril 10mg #30, times 2 refills. When indicated, the MTUS recommends a short course of therapy with Flexeril, not to exceed 2-3 weeks. The greatest effect appears to be in the first 4 days of treatment. The

recommended dosing: is 5 mg three times a day. The requested treatment is not medically necessary and appropriate.