

Case Number:	CM15-0007015		
Date Assigned:	01/26/2015	Date of Injury:	03/07/2011
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 03/07/2011. The mechanism of injury was not provided. The injured worker was noted to undergo a 2 stage lumbar spine operation on 01/21/2013 and 01/23/2013 which included an L4-5 and L5-S1 fusion and removal of an artificial disc. The injured worker was noted to utilize the medication Norco, Ambien, and Prilosec as of at least 03/07/2014. The injured worker underwent a CT scan. The documentation of 12/22/2014 revealed the injured worker had low back pain with radiation and associated numbness and tingling to the bilateral lower extremities. The injured worker was noted to be participated in a home exercise program and utilizing medications. The physical examination revealed tenderness to palpation at the bilateral paravertebral muscles and lumbosacral junction with associated muscle spasms. The injured worker had decreased range of motion with increased pain in all planes. The injured worker had decreased sensation along the bilateral L5 and S1 dermatomes. The injured worker had a positive straight leg raise bilaterally with numbness and tingling along the bilateral L5 and S1 nerve roots. The diagnoses included 01/02/2013 fusion and 01/23/2013 correction. The treatment plan included home care, transportation, a gym membership, pain management consultation, a psychological evaluation to clear the injured worker for a lumbosacral spinal cord stimulator, a continuation of medications including Norco 10/325 mg 4 to 6 tablets per day, Ambien 10 mg 1 per day, and Prilosec 20 mg. The injured worker was noted to have an improved sleep pattern with medications and was able to have improved participation in therapy. There was a Request for Authorization submitted for review dated 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, QTY: 30: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk or cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg QTY: 30 is not medically necessary.

Ambien 10mg, QTY:30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 5th Edition, Pain

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 Official Disability Guidelines indicate that zolpidem is recommended for short term use for the treatment of insomnia which is limited to 10 days. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10 mg QTY: 30 is not medically necessary.