

Case Number:	CM15-0116426		
Date Assigned:	06/24/2015	Date of Injury:	04/03/2000
Decision Date:	09/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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 56 year old male who sustained an industrial injury on 4/3/00. The injured worker was diagnosed as having lumbago, unspecified gastritis and gastroduodenitis, insomnia and other chronic pain. Currently, the injured worker was with complaints of constant low back pain. Previous treatments included epidural steroid injection, status post anterior interbody fusions at L4-5 and L5-S1 (2002), physical therapy, status post posterior fusion (2004), activity modification, oral pain medication, NSAIDs and a home exercise program. Previous diagnostic studies included radiographic studies. The injured workers pain level was not noted. Physical examination was not noted. The plan of care was for Ambien 10 milligrams quantity of 30 and Prilosec 20 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG 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 (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, under Zolpidem (Ambien).

Decision rationale: The patient presents on 06/26/15 with lower back pain which varies in intensity. The patient's date of injury is 04/03/00. Patient is status post anterior interbody lumbar fusions at L4-5 and L5-1 levels in 2002, status post posterior lumbar fusion in 2004. The request is for AMBIEN 10MG QTY 30. The RFA is dated 06/04/15. Physical examination dated 06/26/15 notes positive straight leg raise test to an unspecified lower extremity. No other examination findings are included. The patient is currently prescribed Norco, Tramadol, Ambien, Prilosec, and Motrin. Patient is currently working. Official disability guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting nonbenzodiazepine 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. In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 02/20/15. While this patient presents with significant chronic pain Official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets with refills in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

Prilosec 20 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68.

Decision rationale: The patient presents on 06/26/15 with lower back pain which varies in intensity. The patient's date of injury is 04/03/00. Patient is status post anterior interbody lumbar fusions at L4-5 and L5-1 levels in 2002, status post posterior lumbar fusion in 2004. The request is for PRILOSEC 20MG QTY 60. The RFA is dated 06/04/15. Physical examination dated 06/26/15 notes positive straight leg raise test to an unspecified lower extremity. No other examination findings are included. The patient is currently prescribed Norco, Tramadol, Ambien, Prilosec, and Motrin. Patient is currently working. MTUS Guidelines NSAIDs, specific drug list & adverse effects section, pg. 69 states NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to Prilosec, the treater has not provided

adequate documentation of medication efficacy. This patient has been prescribed Prilosec since at least 02/20/15 for the diagnosis of gastritis, though efficacy is not addressed in the subsequent reports. There is no specific discussion of GI symptoms in recent progress reports, either. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of current GI upset which would support continued use of this medication. Therefore, this request IS NOT medically necessary.