

<b>Case Number:</b>	CM15-0174410		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: 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:

This 64 year old female sustained an industrial injury on 8-2-10. Documentation indicated that the injured worker was receiving treatment for lumbar disc displacement with radiculopathy, thoracic spine sprain and strain, hypertension, sleep disorder and depression. Recent treatment plan included pool exercise, lumbar brace and medications. In a PR-2 dated 3-10-15, the injured worker complained of being tired with poor sleep. No objective findings were documented. The treatment plan included lumbar spine brace, continuing pool exercises and refilling medications. In a PR-2 dated 4-21-15, the injured worker was requesting medications. No subjective complaints or objective findings were documented. The treatment plan included continuing pool exercise, lumbar support brace and refilling medications (Sonata, Motrin and Protonix). In a PR-2 dated 6-30-15, the injured worker presented requesting medications. No subjective complaints or objective findings were documented. The physician stated that magnetic resonance imaging thoracic spine (undated) was within normal limits. Electromyography and nerve conduction velocity test of bilateral lower extremities showed right peroneal motor neuropathy. The treatment plan included refilling medications (Sonata, Motrin and Protonix), continuing pool exercises and appointments with internal medicine and psychiatry. She has a long standing history of hypertension. On 8-7-15, Utilization Review noncertified a request for Sonata 10mg #30, Motrin 800mg #60 and Pantoprazole 20mg #120. Some medications are office dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10 mg #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, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and for pain related insomnia only specific hypnotic medications are recommended for long term use. Sonata is not one of these. The Guidelines clearly recommend its use be limited to 5-7 days and long term daily use is not recommended. There are other alternative that are Guideline supported and there are no unusual circumstances to justify an exception to Guideline recommendations. The Sonata 10 mg #30 is not supported by Guidelines and is not medically necessary.

**Motrin 800 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function.

**Decision rationale:** MTUS Guidelines are no supportive of the chronic use of Motrin for this individual. This is secondary to a couple of issue. Most importantly is the long standing history of hypertension which is not being monitored by the treating physician. Use of an NSAID is not supported under this circumstance. In addition, the Guidelines do not support chronic daily use of NSAIDs for chronic spinal pain. Short term use for flare-ups is recommended if they are effective for pain. There is no documentation of meaningful effectiveness. The Motrin 800 mg #60 is not medically necessary.

**Pantoprazole 20 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Proton Pump Inhibitors.

**Decision rationale:** MTUS Guidelines do not support the use of proton pump inhibitors (PPI's) unless there are specific risk factors present and/or there are GI symptoms related to medications. Neither of these conditions are documented to be present. In addition, ODG Guidelines recommend that Prantopazole be considered only as a second line drug and if this class of drugs was medically indicated there is no evidence of prior trials of Guideline recommended first line drugs. These are not benign medications with long term use associated with increased fractures and biological mineral dysregulation. The Pantoprazole 20 mg #120 is not medically necessary.