

Case Number:	CM15-0177438		
Date Assigned:	09/18/2015	Date of Injury:	04/25/2003
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 51-year-old female worker who was injured on 4-25-2003. The medical records indicated the injured worker (IW) was treated for spasm of muscle; sacroiliac pain; low back pain; and spinal or lumbar degenerative disc disease. In the progress notes (6-15-15 to 8-10-15), the IW reported increased low back pain and left buttock pain, rated 6 to 8 out of 10 with medications and 10 out of 10 without medications. Her activity level decreased and sleep quality was poor. Medications included Aciphex, Lidoderm 5% patch, Ambien CR, Soma, Norco and Generlac. According to the records available, the IW had taken Aciphex, Ambien and Soma since at least 2/28/13. She had epidural steroid injections and physical therapy in the past. The physical examination (6-15-15 and 7-13-15) was unchanged. The IW walked with a broad-based antalgic gait. Lumbar range of motion was decreased in flexion and extension due to pain. She was unable to heel or toe walk. Facet loading maneuvers were positive bilaterally and sitting straight leg raise was positive on the left at 60 degrees. Motor testing was limited by pain; major muscles in the left lower extremity were 4 out of 5. Sensation was decreased over the left lateral calf. Achilles reflex was 1 out of 4 on the left. A pain agreement had been signed. Request for Authorization dated 8-12-15 was received for Aciphex 20mg, #30, Ambien CR 12.5mg, #30 and Soma 350mg, #120. The Utilization Review on 8-19-15 non-certified the request for Aciphex 20mg, #30, Ambien CR 12.5mg, #30 and Soma 350mg, #120 per CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Aciphex for over 2 years. No mention of additional endoscopic or diagnostic workup was performed to support long-term use. Therefore, the continued use of Omeprazole is not medically necessary.

Ambien 12.5 CR, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Recent progress notes did not comment on sleep or medication response. Continued use of Zolpidem (Ambien) is not medically necessary.

Soma 350 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with Hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Hydrocodone (Norco) for over a year. This increases side effect risks and abuse potential. Pain scores remained high. The use of Soma is not medically necessary.