

<b>Case Number:</b>	CM15-0177634		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/01/2000
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Arizona

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 sustained an industrial injury on April 1, 2000. The injured worker was re-evaluated on June 18, 2015. The injured worker reported a flare up in low back pain. He described his pain a 10 on a 10-point scale. He reported this pain flare-up started two weeks previously and normally would last only 2-3 days. He requested an additional medication for his pain flare up. He reported that he continued with his current medication regimen and when he was not having a pain flare-up his medication regimen worked well. He requested an additional medication for his pain flare up and for the additional increased intensity of his pain. He reported low back pain and weakness with cramping and numbness in the lower extremities with radiation of pain "to the knee area, buttock, side and down the thighs into the groin and inside the leg and outside of calf, heel and top of toes, mostly the big toe." He reported neck pain with radiation to the shoulders elbows, thumbs and fingers, shoulder pain with radiation of pain to the upper extremities, pain in the interscapular area with a sensitive spot from T3-8, bilateral wrist and hand tingling, gastrointestinal upset due to medication use, dysphagia due to the screws pushing forward in the neck, anal cyst likely due to chronic constipation from medication use, and right knee pain. On physical examination the injured worker exhibited an antalgic gait due to low back pain. He had mild swelling over the medial aspect with joint line tenderness. His right knee range of motion was 110 degrees on flexion. He has moderate paralumbar muscle spasm and was unable to get onto and off the examination table because of back pain. His lumbar spine range of motion on flexion was 60% of normal, on extension 50% of normal, and on bilateral lateral flexion 60% of normal. His straight leg raise test was positive bilaterally at 70% in a sitting position, causing low back, posterior thigh and calf pain. Lasegue's Test was negative bilaterally. He had tenderness from T4-7 parathoracic and spinous region.

There is mild spasm of the parathoracic muscles. He had slight to moderate paracervical muscle spasm. His cervical spine range of motion was flexion 80% of normal, extension 60% of normal and bilateral lateral flexion 60% of normal. Spurling's sign was positive on the bilateral sides producing bilateral scapular shoulder upper arm pain. The injured worker was diagnosed as having lumbar radiculopathy, status post L4-5 fusion on 11-08-01 with persistent residual significant low back pain and persistent numbness especially in the right lower extremity in the L5-S1 dermatome with some newer recent paresthesia and hypoesthesia in the posterior medial right thigh; cervical radiculopathy, and status post C5-6 fusion in 2003 per [REDACTED] with "residual significant." Treatment to date has included cervical fusion, lumbar fusion, orthotics, NSAIDS, epidural steroid injection in 2008-2009 with only temporary improvement. The injured worker has used Prilosec-omeprazole, Promolaxin, and Ambien since at least November 19, 2014. An evaluation on April 17, 2015 noted the discontinuation of Neurontin "since the patient does not find it helpful and the patient is feeling somewhat light-headed." A request for authorization for one (1) month supply of Neurontin between 8-5-2015, one (1) month supply of Prilosec-omeprazole 20 mg capsules between 8-5-2015 and 9-19-2015, 30 tablets of Ambien 10 mg between 8-5-2015 and 9-19-2015 and 100 tablets of Promolaxin 100 mg between 8-5-2015 and 9-19-2015 was received on August 3, 2015. On August 11, 2015, the Utilization Review physician determined one (1) month supply of Neurontin between 8-5-2015, one (1) month supply of Prilosec-omeprazole 20 mg capsules between 8-5-2015 and 9-19-2015, 30 tablets of Ambien 10 mg between 8-5-2015 and 9-19-2015 and 100 tablets of Promolaxin 100 mg between 8-5-2015 and 9-19-2015 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin, 1 (one) month supply (unspecified dosage and quantity): 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies that Gabapentin (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Within the submitted records it is noted that past use of this drug led to some unwanted side effects. It may however, be considered once surgery is performed but as of June 2015, authorizations were still pending. Within the request however, there is no dosage or quantity specified. As such, this request is not medically necessary.

**Prilosec/Omeprazole 20mg capsules, 1 (one) month supply (unspecified quantity): 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 rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors

are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Within the submitted records, it is noted the injured worker has GERD secondary to medications. However, within this request there is no quantity specified. Without this specified, the request is not medically necessary.

**Ambien 10mg tablets, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. 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 Official Disability Guidelines (ODG) Ambien.

**Decision rationale:** According to the Official Disability Guidelines (ODG), Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They are not recommended for long-term use. They can be habit-forming and impair function and memory more than opioid pain relievers. Within the submitted records, there were no documented extenuating factors to warrant non-adherence to guidelines. There was no mention of failure of traditional sleep hygiene techniques, and no specific mention of chronic insomnia relieved by Ambien use. It would appear that better pain control would lead to more restorative sleep. This request is not medically necessary.

**Promolaxin 100mg tablets, #100: Overturned**

**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 - Opioid-induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per CA MTUS Guidelines, prophylactic treatment of constipation should be initiated with continuous opioid therapy. Within the submitted records, there is mention of chronic constipation, and chronic pain. There are noted anal complications including cyst versus hemorrhoid and recent mention of gastrointestinal consultation to work up the cyst suspected to be related to chronic constipation. This request would appear to be appropriate and as such, is medically necessary.