

Case Number:	CM15-0061002		
Date Assigned:	04/07/2015	Date of Injury:	04/07/2001
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/31/2015

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: New York

Certification(s)/Specialty: Emergency 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:

The injured worker is a 54 year old male who sustained an industrial injury on 4/7/01. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbosacral spondylosis and thoracic/lumbosacral radiculopathy with intractable bilateral leg pain and sacroilitis. Treatments to date have included Hyalgan injections to the knees, sacroiliac steroid injections, oral pain medication, a cane, nonsteroidal anti-inflammatory drugs, and proton pump inhibitor. Currently, the injured worker complains of lumbar spine pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date. On 3/19/15 UR non-certified a request for Ambien, Omeprazole, Celebrex, and Norflex. CA MTUS was cited in support of this decision. The requests were submitted for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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), 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) Pain chapter, insomnia.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. There is no reference to a sleep disturbance in the record. The reports do not show specific and significant benefit of zolpidem over time. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, lack of specific benefit, and lack of sufficient evaluation of the sleep disorder.

Omeprazole 20mg #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), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a gastrointestinal protectant agent. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Omeprazole is not medically necessary based on the MTUS.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 60, 70.

Decision rationale: Per the MTUS for chronic pain, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific functional benefit. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician

is adequately monitoring for toxicity as recommended by the FDA and MTUS. Celecoxib has an elevated cardiovascular risk profile. The treating physician has not provided the specific indications for this NSAID over those with a better cardiovascular profile. Additionally, the request does not include dosing and frequency. Celebrex is not medically necessary based on the lack of sufficient and specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Norflex 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxers chronic pain Page(s): 64, 65.

Decision rationale: CA MTUS guideline states muscle relaxers should be used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Guidelines further state "Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time." Documentation supports ongoing prescribing of Norflex. There is not documentation to support the IW's response to use of this medication. As noted, the guidelines recommend against use for chronic pain. Documentation does not support a new or acute exacerbation of injury. The request does not include dosing or frequency. The request is not medically necessary.