

Case Number:	CM15-0064304		
Date Assigned:	04/10/2015	Date of Injury:	08/29/2012
Decision Date:	05/18/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old male who sustained an industrial injury when his truck jackknifed on 08/29/2012. The injured worker was diagnosed with severe lumbar discogenic disease, leg pain, concussion symptoms (improving) and cervical discogenic disease. Treatment to date includes diagnostic testing, conservative measures and medications. According to the primary treating physician's progress report on March 9, 2015, the injured worker continues to experience neck pain and low back pain with spasms that shoot down his left leg. Examination notes the injured worker appears profoundly weak. Examination of the neck demonstrated good range of motion with stiffness and pain without radiation at end point movement. Examination of the lumbar spine is grossly abnormal with no extension and minimal flexion and lateral rotations. Spasms of the latissimus dorsi were documented bilaterally with left side greater than right. Positive straight leg raise on the right at 10 degrees and left straight leg raise was not performed due to attempts with severe pain. His gait is an antalgic shuffle leaning to his left. He cannot stand on his toes or heels. There is decreased pain and touch sensation on the left in the L3 nerve root dermatome. The injured worker has decreased strength in his right abductor hallucis longus and foot extensor and a flaccid left hallucis longus and foot extensor. Current medications are listed as Omeprazole, Cyclobenzaprine, Gabapentin, Naproxen and Zaleplon, Norco and Narcosoft. Treatment plan consists of obtaining Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the lower extremities and the current request for Zaleplon and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZALEPLONE #30 CAP 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics, Benzodiazepine-receptor agonists, <http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Zaleplon is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of recent sleep issues with the patient. Therefore, the prescription of Zaleplon cap 10mg #30 is not medically necessary.

OMEPRAZOLE CAP 20MG #60: Upheld

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

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Omeprazole. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole cap 20mg #60 is not medically necessary.