MAXIMUS Federal Services

Case Number:	CM13-0006826		
Date Assigned:	12/11/2013	Date of Injury:	07/07/2007
Decision Date:	01/24/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old male with a date of injury of 7/7/07. He has a history of diabetes, cancer of kidney, hypertension, insomnia, depression, GI reflux, degenerative disc disease and lumbar radiculitis. He had a spinal operation in 2007 and 2008. On a 2013 visit in the spring, the patient had complaints of continuous low back pain radiating to lower extremities. A request was made for Ambien, Lortab, Zanaflex and omeprazole.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference

Decision rationale: The PDR states that Ambien is indicated for the short term treatment of insomnia. The records show that the patient has been on this medication dating back to at least 8/11. Given this, the continued use of Ambien is not medically necessary and appropriate.

Lortab 7.5/500mg #120: 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 Page(s): 79-81.

Decision rationale: Per the MTUS guidelines, it states that opioids may be continued if the patient has returned to work or has improved functioning and pain. Annals(2007)reported that there is no evidence that opioids showed long term benefit or improvement in function when used as treatment for chronic back pain. The patient has been on hydrocodone since at least 11/12. The patient has continuous pain despite chronic use of pain medications. Continued use of opioids is only recommended if the patient has improved functioning and pain.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Physician Desk Reference

Decision rationale: Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity. The PDR states that this medication is indicated for short term treatment of spasticity. The patient has been on ot dating back at least to 11/12. Also PDR says to use with caution in patients with renal impairment.

Prilosec 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference

Decision rationale: According to guidelines, omeprazole is indicated for short-term treatment of active duodenal ulcer (DU) and active benign gastric ulcer (GU) in adults. It is also indicated in the short term maintenance of healing of erosive esophagitis (EE) in adults. Long-term use is indicated in few conditions. This patient has been on the medication for over 2.5 years without documented GI consult, or stated reason for extended use. Based on these guidelines, the med remains noncertified at present.