

Case Number:	CM13-0010960		
Date Assigned:	09/23/2013	Date of Injury:	12/15/2012
Decision Date:	03/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/14/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant has filed a claim for chronic low back pain associated with an industrial injury of December 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of massage therapy; unspecified amounts of acupuncture; at least one prior epidural steroid injection; and extensive periods of time of off work, on total temporary disability. An earlier note of January 11, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The applicant reportedly had blood pressure issues, it was noted on that date. He was using medications for blood pressure, it was stated on that date. His blood pressure was 136/90. On February 21, 2013, the applicant had blood pressure of 142/96 and was again placed off of work, on total temporary disability. Hypertension was stated as one of the operating diagnoses. On March 1, 2013, the applicant's blood pressure was normal at 124/80. Gastritis was listed as one of the items on the history, but was not described, detailed or expounded upon. The applicant was still smoking, it was further noted. On July 30, 2013, the applicant's blood pressure was 117/81, it was noted, despite ongoing issues with low back pain resulting in the applicant's being placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is described as having ongoing issues with dyspepsia and/or gastritis, either NSAID-induced or standalone, on several progress notes on referenced above. Continuing the same, on balance, is indicated, particularly if the attending provider has indicated that the applicant's gastritis has diminished as a result of proton pump inhibitor usage. The request is certified, on Independent Medical Review.

Zolpidem 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter zolpidem topic, zolpidem or Ambien is endorsed for the short-term treatment of insomnia, typically on the order of two to six weeks period. It is not recommended on a chronic, long-term and/or scheduled basis for which it is being proposed here. Therefore, the request remains noncertified, on Independent Medical Review.

Carvedilol 12.5mg #60: Overturned

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 FDA found at http://www.accessdata.fda.gov/drugsatfda_docs/label/2005/020297s0131bl.pdf.

Decision rationale: The MTUS does not address the topic. As noted in the Physician's Drug Reference, Coreg or carvedilol is indicated in the management of hypertension. In this case, the applicant does have a documented diagnosis of hypertension for which ongoing usage of Coreg is indicated and appropriate. It is further noted the applicant's usage of Coreg appears to have resulted in applicant's blood pressure normalizing. Continuing the same, on balance, is therefore indicated. Accordingly, the request is certified as written