MAXIMUS Federal Services

Case Number:	CM13-0024016		
Date Assigned:	03/03/2014	Date of Injury:	07/07/2010
Decision Date:	06/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 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/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 an employee of the [redacted] and has filed a claim for neck pain associated with an industrial injury date of July 7, 2010. A utilization review from September 6, 2013 denied the requests for Norco, Ambien, omeprazole, and Voltaren Gel. Reasons for denial were not made available. Treatment to date has inlcuded acupuncture, rotator cuff surgery, physical therapy, chiropractic therapy, and opioid and non-opioid pain medications. Medical records from 2013 through 2014 were reviewed showing the patient complaining of neck pain, left shoulder pain, and left elbow pain. It is documented that the patient expressed desires to stop taking Norco and take something like an anti-inflammatory. The pain is rated at 8/10 without medications but decreases to 2-3/10 with medications. Patient also complains of heartburn. On examination, there was noted decreased range of motion for the left elbow and tenderness over the left elbow as well. The patient cannot fully extend the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Initial Approaches to Treatment (Acoem Practice Guidelines, 2nd Edition (2004), Chapter 3) Pg47-48, and Chronic Pain Medical Treatment Guidelines,Criteria for the use of opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient expressed desire to stop Norco due to constipation and would like an anti-inflammatory instead. The patient has been taking Norco since June 2013. The constipation has persistent. An anti-inflammatory medication was not prescribed. There was also mention of the patient taking Vicodin however, it is unclear whether this medication is part of the patient's chronic pain medications. There was no mention of a prescription for Vicodin and the source for this medication was not clearly indicated. Opioids should be prescribed by only one physician. Given the above stated findings, the request for Norco is not medically necessary.

AMBIEN #60: 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) Pain Chapter, Zolpidem

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, Zolpidem

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem treatment was used instead. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking Ambien since June 2013. There has been no documentation concerning the patient's sleep hygiene. There was no indication that the prescription was for short-term use. Prescription of this medication has continued even up to December 2013. Response to previous treatment was not properly assessed. Therefore, the request for Ambien is not medically necessary.

OMEPRAZOLE #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protein pump inhibitors Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. In this case, the patient has been taking opioids and complaints of

heartburn. The GI symptoms may be amendable with the use of a proton pump inhibitor such as omeprazole. Therefore, the request for omeprazole is medically necessary.

VOLTAREN GEL 2G FOR UPPER EXTREMITY, 4 TIMES A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: As stated on page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in joints to lend themselves to topical treatment such as ankles, elbows, feet, hands, knees, and wrists. In this case, the patient has been using Voltaren gel since October 2013. However, the exact functional improvements were not indicated in the documentation such as increased ability to do activities of daily living. It is also unclear whether the patient has osteoarthritis. Response to previous treatment was not properly assessed. Therefore, the request for Voltaren gel is not medically necessary.