

Case Number:	CM13-0030684		
Date Assigned:	11/27/2013	Date of Injury:	03/20/2006
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation, and Sports Medicine and is licensed to practice in Texas. 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.

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 50-year-old female with a reported date of injury on 03/20/2006. The patient presented with soreness in the right knee, swelling in the right knee, range of motion in the right knee was from 0 to 130 degrees, cervical pain, thoracic pain, and lumbar spine pain, numbness, tingling, and radiating pain into her right upper and lower extremities, palpable pain to the cervical spine, spasm over the cervical paravertebral muscles, and palpable tenderness over the medial joint line of the right knee. The patient's neurologic examination of the upper and lower extremities was negative. The patient had diagnoses including plica syndrome, neck sprain, herniated disc of the lumbar spine, and spondylolisthesis. The physician's treatment plan included a retrospective request for sixty (60) APAP/Codeine 300/30mg between 8/2/2013 and 8/2/2013, a retrospective request for sixty (6) Naproxen Sodium 550mg between 8/2/2013 and 8/2/2013, a retrospective request for sixty (60) Omeprazole 20mg between 8/2/2013 and 8/2/2013, and a retrospective request for sixty (60) Zolpidem 5mg between 8/2/2013 and 8/2/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for sixty (60) APAP/Codeine 300/30mg between 8/2/2013 and 8/2/2013: 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 Opioids
Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. The provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include an adequate and full assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, and intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts.

Retrospective request for sixty (60) Naproxen Sodium 550mg between 8/2/2013 and 8/2/2013: 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 NSAIDs
Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines recommend the use of non-steroidal anti-inflammatory drugs (NSAIDs) for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. Within the provided documentation, it did not appear the patient had a diagnosis of osteoarthritis or was having an acute exacerbation of chronic low back pain. Per the provided documentation, it appeared the patient had been utilizing the medication since at least 12/2012; this would exceed the Guideline recommendation for short-term use. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication.

Retrospective request for sixty (60) Omeprazole 20mg between 8/2/2013 and 8/2/2013:
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 NSAIDs, GI symptoms & cardiovascular risks Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patient at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (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). Within the provided documentation, it was unclear if the patient was at risk for gastrointestinal events. Within the provided documentation, it was unclear if the patient had a history of peptic ulcer, GI bleeding, or perforation.

Retrospective request for sixty (60) Zolpidem 5mg between 8/2/2013 and 8/2/2013: Upheld

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 Official Disability Guidelines (ODG), Pain (chronic), Insomnia treatment

Decision rationale: The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The Official Disability Guidelines note primary insomnia is generally addressed pharmacologically and secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Per the provided documentation, it appeared the patient had been utilizing the medication since at least 12/2012. The Guidelines note Ambien is used for short-term, usually 2 to 6 weeks, treatment of insomnia. Additionally, with the provided documentation, the requesting physician did not include adequate documentation of significantly improved sleep onset, sleep maintenance, sleep quality, and next day functioning.