

Case Number:	CM13-0031652		
Date Assigned:	12/04/2013	Date of Injury:	09/01/2006
Decision Date:	03/07/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker has a date of injury of September 1, 2006. The diagnoses include lumbalgia with bilateral radicular symptoms, lumbar disc disease, lumbar foraminal stenosis. The disputed request include a request for hydrocodone, Prilosec, Ambien, and capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 dispensed on 8/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The submitted documentation lacks a discussion of specific gastrointestinal risk factors which would warrant a proton pump inhibitor. Merely taking a nonselective NSAID does not warrant a proton pump inhibitor as per the Chronic Pain Medical Treatment Medical Guidelines. This request is recommended for noncertification.

Anexsia 7.5/325mg #120 dispensed on 8/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: In the case of this injured worker, there is no documentation of specific functional benefits from Anexsia, which is a combination of hydrocodone and acetaminophen. There is documentation that urine drug testing has been conducted to assess for aberrant behavior. However it is noted in a urine drug screen performed on April 26, 2013, there was no presence of medications, and a follow-up note which addresses these aberrant results was not provided. Given the monitoring guidelines as specified by the MTUS, this request is recommended for noncertification

Ambien 5mg #30 dispensed on 8/14/13: 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, Stress & Mental Illness Chapter, Zolpidem.

Decision rationale: In the case of this injured worker, many of the submitted progress notes do not indicate in the assessment or diagnoses section the presence of sleep disorder. It is unclear what investigations or workup have been conducted for this condition, which should be managed in a behavioral/nonpharmacologic approach first. Given the lack of documentation this request is recommended for noncertification.

Bio-therm gel dispensed on 8/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin and Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: The submitted documentation indicates that the injured worker has been using Bio-Therm topical cream which seems to help with his symptoms. The Chronic Pain Medical Treatment Medical Guidelines to indicate that capsaicin should be an option not only for neuropathic pain, but that there are positive studies for chronic back pain as well. However, the guidelines clearly specify that capsaicin is recommended only in patients who have not responded or are intolerant to other treatments. The requesting provider has not listed the previously tried and failed treatments. Therefore this request is recommended for noncertification.