

Case Number:	CM13-0035335		
Date Assigned:	12/13/2013	Date of Injury:	10/28/2011
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and Pulmonary Diseases, 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 injured worker is a 36-year-old female with a reported date of injury on 10/28/2011; the mechanism of injury was a fall. The clinical note dated 08/29/2013 noted the injured worker continued to complain of significant right-sided knee pain with weakness with a pain level rated 8/10. The injured worker continued to describe lower back pain rated 7/10. The injured worker was having difficulty with her daily activities along with difficulty with prolonged periods of sitting, standing, and stair climbing as well as lifting, pushing, pulling, squatting, kneeling, stooping, and driving. The injured worker was noted to have spasm, tenderness, and guarding to the paravertebral muscles of the lumbar spine with decreased range of motion. The injured worker had loss of motor strength over the right knee graded at 4 or 5 and medial and lateral joint line tenderness was noted with patellar crepitus. It was noted that the injured worker complained her pain medication did not significantly reduce her pain. The medical evaluation dated 05/22/2013 noted that the injured worker had had a difficult time falling asleep because of her pain and that the injured worker woke up approximately 4 times during the night because of her pain. The diagnosis for the patient per the documentation provided was lumbosacral radiculopathy, knee tend/burs, lumbar sprain/strain, and generalized pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF ZOLPIDEM TARTRATE 5MG #30 DOS 9/26/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, PAIN/ ZOLPIDEM (AMBIEN[®] 1/2)

Decision rationale: The Official Disability Guidelines note Zolpidem is a prescription with short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep and hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. The documentation provided the date the med was started or the effectiveness of the medication, the length of the effectiveness of the medications The guidelines state that the medication is approved for short-term use, usually 2 to 6 weeks, therefore, the request exceeds the guidelines set forth by the Official Disability Guidelines. The documentation provided did not give a start date of the Ziplodin. Therefore, the request is non-certified.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF ESCITALOPRAM 10MG #60 DOS 9/26/13: 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 SSRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS) Page(s): 107.

Decision rationale: The California MTUS guidelines state it is not recommended for treatment for chronic pain, but selective serotonin reuptake inhibitors may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that will inhibit serotonin reuptake without action on the noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of the selective serotonin reuptake inhibitors may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of selective serotonin reuptake inhibitors and pain. The selective serotonin reuptake inhibitors have not been shown to be effective for low back pain. Escitalopram use and effectiveness towards the patients pain was not provided in the documentation. There was not a stop or start date on the medication in the medical record; therefore, the request is non-certified.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF NORFLEX 100MG #100 DOS 9/26/13: 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 MUSCLE RELAXANTS Page(s): 63.

Decision rationale: California MTUS Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDS. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependency. There was a lack of documentation indicating how long the injured worker had been utilizing the medication. Additionally, there was a lack of documentation indicate the efficacy of the medication as evidenced by objective functional improvement. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request is non-certified.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF OMEPRAZOLE 20MG #90 DOS 9/26/13: 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): 68-69.

Decision rationale: The California MTUS Guidelines state that 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 \hat{I} ¼g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The documentation provided for review did not give any indication that the patient had GI symptoms or was a cardiovascular risk, and it was unclear if the injured worker was utilizing NSAID medications. The requesting physician rationale for the request was unclear. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request is non-certified.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF HYDROCODONE 2.5MG/325 MG #30: 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
CHRONIC PAIN Page(s): 78,91.

Decision rationale: California MTUS guidelines recommend that there should be documentation for the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that the dosing of opiate not exceed 120 mg or oral morphine equivalent per day, and for patients taking more than 1, the morphine equivalent doses of the different opiates should be added together to determine the cumulative dose. The California MTUS states that Hydrocodone/acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4A's for ongoing monitoring to include analgesia, activities of daily living, adverse side effects, and aberrant drug behavior. The documentation provided did not address the 4A's to support continuation of the requested medication. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Therefore, the request does not meet the guidelines set forth by the California MTUS. Therefore, the request is non-certified.