

Case Number:	CM13-0048180		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2002
Decision Date:	04/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 a 71-year-old male who reported injury on 02/15/2002. The mechanism of injury was not provided. The patient's medication history includes Colace, opiates and Ambien as of 11/2012, NSAIDs and antiepileptic as of 01/01/2013, and benzodiazepines as of 06/2013. The recent clinical documentation reported the patient had no significant change in condition since the last office visit. The patient's current medications were Lortab, Ambien, Colace, naproxen, and Valium. The patient complained of difficulty sleeping and bilateral pain with the radiating pain in both hands associated with weakness, numbness, and tingling. The patient's diagnoses included elbow cubital tunnel and carpal tunnel syndrome. The treatment plan included Lortab 7.5 mg/500 mg #60, on both dates Colace 100 #60, Ambien 5 mg #60, and Anaprox 550 mg #60. The request on 08/12/2013 also included Valium 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR VALIUM 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the patient had been on the medication since 06/2013. There was a lack of documentation of the objective functional benefit of the requested medication. Given the above, the request for a prescription of Valium 10 mg #60 is not medically necessary.

PRESCRIPTION FOR LORTAB 7.5/500MF #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, objective decrease in VAS score and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was on the medication since 11/2012. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for the prescription for Lortab 7.5/500MF #60 is not medically necessary.

PRESCRIPTION FOR COLACE 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center, 2009

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy Page(s): 77.

Decision rationale: California MTUS Guidelines recommend when initiating opioid therapy there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the patient had been on the medication since 11/2012. There was a lack of documentation indicating the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the patient had signs or symptoms of constipation. Given the above, the request for a prescription of Colace 100 mg #60 is not medically necessary.

PRESCRIPTION FOR AMBIEN 5MG #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 (Chronic)

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 (Ambien)

Decision rationale: Official Disability Guidelines indicate that Ambien is appropriate for the short-term treatment of insomnia with treatment generally lasting 2 to 6 weeks. The clinical documentation submitted for review indicated the patient had been on the medication since 11/2012. There was a lack of documentation of the objective functional benefit received from the medication. Given the above, the request for prescription of Ambien 5 mg #60 is not medically necessary.

PRESCRIPTION FOR ANAPROX DS 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been on NSAIDs since 01/2013. There is lack of documentation of objective functional improvement and an objective decrease in the VAS score. Given the above, the request for a prescription of Anaprox DS 550 mg is not medically necessary. Additionally, the request as submitted failed to indicate the quantity of medication being requested.