

Case Number:	CM13-0048548		
Date Assigned:	12/27/2013	Date of Injury:	01/10/1997
Decision Date:	06/03/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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 Family Medicine and is licensed to practice in Arizona. 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 55-year-old male who suffered an industrial injury on 01/10/97. His diagnoses are lumbar post laminectomy pain syndrome, status post Lumbar surgery times three, with L3-S1 fusion, cervical disc herniation, and cervical radiculopathy. Subjective complaints are of low back pain with bilateral pain radiation into the lower extremities and left testicular pain, along with neck pain. Physical findings included an antalgic gait, decreased cervical and lumbar ranges of motion, paravertebral muscle spasm in the cervical and lumbar regions, bilaterally positive shoulder impingement signs, and bilateral positive straight leg raise tests. Bilateral elbow MRIs on 2/24/12 showed bilateral lateral epicondylitis; a right knee MRI on 2/24/12 revealed patella inflammation. A cervical MRI on 8/16/12 showed C3-4, and C5-6 3mm disc herniation; a lumbar MRI on 6-18-12 demonstrated a solid L4-S1 fusion. His medications include Hydrocodone 10/325 (ten daily), Soma, Valium, Prilosec, Ambien, Lyrica and Losartan. Epidural Steroid Injections (ESI) was of no benefit. Submitted documentation does not identify specific pain relief or functional improvement with the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZAPAM 10 MG #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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Anxiolytics Page(s): 24,401.

Decision rationale: CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. Therefore, the medical necessity of diazepam is not established.

CARISPRODOL 350 MG #30: 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: Decision based on MTUS Chronic Pain Treatment Guidelines CARISPRODOL Page(s): 29.

Decision rationale: CA MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used Carisoprodol consistently for chronically, which is not consistent with current guidelines. For these reasons, the use of Carisoprodol is not medically necessary.

ZOLPIDEM TARATE 10 MG #80: 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 Official Disability Guidelines (ODG) Pain, Insomnia Treatment.

Decision rationale: ODG suggests that Zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient, Ambien has been used on a chronic basis that would place the treatment time well over 6 weeks. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

HYDROCODONE APAP 10/325 MG #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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Hydrocodone is not medically necessary.

OMEPRAZOLE 20 MG #60: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 67-69.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. There is documentation indicating current non-specific stomach and abdominal complaints thought to be secondary to medication use. CA MTUS suggests that the NSAID should be stopped, switched to an alternate medication, or consider PPI therapy to treat dyspepsia from NSAIDS. Since the patient has documented abdominal complaints due to NSAIDS the requested prescription for Omeprazole is medically necessary.

NAPROXEN 550 MG: 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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. CA MTUS states that NSAIDS can exacerbate pre-existing hypertension, and greatest risk occurs in patients taking anti-hypertensive medications.

This patient has hypertension and is on hypertensive medications. Submitted office records indicate episodes of considerably high blood pressure. Furthermore, the patient has ongoing GI complaints, and no efficacy is recorded from this medication. Therefore, the medical necessity of this medication is not established.