MAXIMUS Federal Services

Case Number:	CM13-0048826		
Date Assigned:	12/27/2013	Date of Injury:	05/03/2006
Decision Date:	02/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 5/3/06. A utilization review determination dated 10/31/13 recommends non-certification of Intermezzo and Protonix. Norco was modified to allow a one-month supply for the purpose of weaning. A progress report dated 9/3/13 identifies subjective complaints including pain increased due to change in pain medications. UA in office no longer positive for marijuana. Toxicology came back to the office on 9/6/13 to show positive for alcohol and marijuana. Objective examination findings identify cervical ROM limited with facet loading pain and tenderness on palpation. Right shoulder ROM is limited with atrophy at the superior shoulder blade and tenderness noted. Left elbow pain with palpation and ROM. Left hand grip weakness, numbness in left thumb and first finger. Diagnoses include pain in joint involving shoulder region; osteoarthrosis, localized, secondary, involving shoulder region; cervicalgia; brachial neuritis or radiculitis; spasm of muscle; other disorder of muscle, ligament, and fascia. Treatment plan recommends refill Norco, Intermezzo, left lateral epicondylitis steroid injection, right shoulder MRI with contrast (lumbar), blood panel for total blood count to rule out infection in shoulder, and BUN and creatinine blood test prior to receiving contrast for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 3.5 mg: 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 Chapter.

Decision rationale: Regarding the request for Intermezzo (Zolpidem), California MTUS does not address the issue. The Official Disability Guidelines (ODG) cites that it is approved only for the short-term (usually two to six weeks) treatment of insomnia, noting that it can be habit-forming, may impair function and memory more than opioid pain relievers, and there is also concern that they may increase pain and depression over the long-term. Within the documentation available for review, it is noted that the medication is being utilized for long-term treatment and there is no clear documentation of insomnia and previous efficacy of the treatment. In light of the above issues, the currently requested Intermezzo is not medically necessary.

Protonix 40 mg: 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 Page(s): 68-69.

Decision rationale: Regarding the request for Protonix, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Protonix is not medically necessary.