

Case Number:	CM13-0049237		
Date Assigned:	12/27/2013	Date of Injury:	11/06/1998
Decision Date:	03/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Interventional Spine 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 patient is a 56 YO female with a date of injury of 11/06/1998. According to report dated 09/04/2013 by [REDACTED], patient presents with continued complaints for bilateral elbow, left wrist/hand, left hip, bilateral knees and left foot pain. It was noted that on 08/27/2013 patient's left knee gave out and she fell hitting her head on the kitchen counter. Patient went to the ER and X-rays and CT scan revealed no bleeding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms Page(s): 69.

Decision rationale: This patient presents with continued complaints of bilateral elbow, left wrist/hand, left hip, bilateral knees and left foot pain. Treater recommends omeprazole for patient's GI symptoms. MTUS states that omeprazole is recommended with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and

cardiovascular risk factors. Determining 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). In this case, although the patient is on NSAID, the treater does not discuss the patient's GI risk factors. There are no documentation of any GI issues with NSAID use and if there was, the treater does not discuss why COX-II specific NSAID is not being used. The treater is also prescribing #120, much more than what is allowed. Recommendation is for denial.

Quazepam 15mg #30: Upheld

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

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

Decision rationale: This patient presents with continued complaints of bilateral elbow, left wrist/hand, left hip, bilateral knees and left foot pain. Treater recommends Quazepam for short term relief of patient's sleep disturbances such as insomnia. MTUS guidelines states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. While the treater indicates that Quazepam is to be used for short-term, there is no mention of discussing non-pharmacologic treatments such as sleep hygiene. It is also not known why the treater has chosen to use such a high risk medication category rather than other sleep agents that have shown to be more effective. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG guidelines. Recommendation is for denial.

Sumatriptan 15mg #18:

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, Triptans for Headaches

Decision rationale: This patient presents with continued complaints of bilateral elbow, left wrist/hand, left hip, bilateral knees and left foot pain. Treater recommends Sumatriptan for ongoing cervical spine symptomatology that presents in a migrainous fashion. The MTUS and ACOEM guidelines do not discuss Sumatriptan. However, ODG guidelines indicate that Sumatriptan is recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. This patient has cervical spine symptomatology that presents in a migrainous fashion as stated in report dated 09/04/2013. This is not synonymous with migraines, which is a non-cervicogenic, specific type

of headache. Triptans are recommended for migraines which this patient does not suffer from. The requested Sumatriptan is not medically necessary and recommendation is for denial.