

Case Number:	CM13-0052312		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2013
Decision Date:	03/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 25-year-old male who reported an injury on 07/14/2013. The mechanism of injury was a crush injury to the left foot. The note dated 12/13/2013 indicated the patient had complaints of left foot pain rating it at a 4-5/10 the pain was constant with a burning sensation at the base of the left great toe and the 2nd toe. The patient had complaints of difficulty putting weight on the left foot. The patient also had complaints of occasional shooting pain in the left leg. The patient did report that the medications had given him pain relief for a few hours and then the pain would come back. Upon examination, there was diminished sensation to light touch along the medial and lateral border of the left foot and left leg. The range of motion of the left foot and the left great toe was restricted. Upon palpation, there was tenderness present at the midpoint between the 1st and 2nd inner web space on the plantar surface. Allodynia and hyperalgesia was present on the left foot. The manual motor strength to the left foot was 4/5. The left-sided tibial tarsal tunnel sign was positive. The note dated 12/13/2013 indicated the patient's medications included naproxen 550 mg twice a day, Neurontin 600 mg 3 times a day, and Prilosec 20 mg once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Zolpidem (Ambien®).

Decision rationale: The request for Ambien 10 mg, quantity unspecified is non-certified. The Official Disability Guidelines state that Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. The records provided for review failed to indicate the length of time that the patient had been taking Ambien, the effectiveness of Ambien, and any adverse side effects of the Ambien. In addition, the request for the Ambien did not specify a quantity being requested. As such, the medical necessity for Ambien was not established. Therefore, the request is non-certified.

Prilosec 20mg: 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 & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg is non-certified. The California MTUS Guidelines state that for PPI use it must be determined if the patient is at risk for gastrointestinal events such as, age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. In addition, the California MTUS also states that long-term use of a PPI greater than 1 year has been shown to increase the risk of hip fractures. The records provided for review failed to indicate if the patient had had a history of a peptic ulcer, GI bleeding, or perforation. In addition, the records failed to indicate how long the patient has been taking Prilosec. As such, it has not been determined medically necessary for the patient to take the Prilosec. Therefore, the request is non-certified.