MAXIMUS Federal Services

Case Number:	CM13-0052802		
Date Assigned:	12/30/2013	Date of Injury:	10/10/2008
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
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 female patient with a date of injury of October 10, 2008. A utilization review determination dated October 21, 2013 recommends noncertification of Nexium, Ambien, and Norco. A progress report dated November 20, 2013 identified subjective complaints of lower back pain and lower extremity pain associated with numbness and paresthesia. The note indicates that the patient achieves benefit with the current medication including Norco 10/325 mg 2 to 3 times per day for breakthrough pain and Neurontin 300 mg twice a day for neuropathic pain. The note indicates that utilizes Ambien to help with sleep and Xanax for anxiety. She denies any side effects from the medications with the exception of gastrointestinal symptoms for which she utilizes Nexium. The patient reports that with the use of her pain medication for pain level drops from an 8/10 to a 5/10 and she is able to sit, stand, and walk for longer periods of time. The notes indicate that she is able to stand and prepare meals with the medication. Physical examination identifies moderate tenderness in the bilateral paralumbar musculature with reduced lumbar spine range of motion, positive straight leg raise, and paresthesia and numbness in the L5 and S1 dermatomes. Diagnoses include status post L4-05 anterior posterior decompression and fusion, lumbar radiculopathy, and low back pain. Current treatment plan recommends continuing physical therapy exercises, continuing Norco, Nexium, Ambien, Neurontin, and Xanax. A urine drug screen performed on September 3, 2013 is negative for illicit drugs and negative for hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40 mg, once daily, 30 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Nexium, 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. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. 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. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). Finally, the requesting physician's statement indicating that the Nexium is being used for "gastrointestinal symptoms," is very nonspecific. It is unclear what "gastrointestinal symptoms," the patient is experiencing, how long they have been present, and what medication they might be related to. In the absence of clarity regarding those issues, the currently requested Nexium is not medically necessary.

Ambien 10 mg, 30 count: 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 Officially Disability Guidelines (ODG); Chronic Pain, Sleep Medication.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

Norco 10/325 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has now provided documentation indicating that the Norco improves the patient's pain, reducing her and RS from 8/10 to 5/10, improves the patient's function allowing her to stand and prepare meals, and causes no intolerable side effects. Additionally, notes indicate that the patient uses a home exercise program in conjunction with the opiate pain medication. Finally, there is evidence that the patient has undergone a urine drug screen which is consistent (since the Norco is prescribed on a PRN basis it may be negative in a random urine drug screen). As such, the currently requested Norco is medically necessary.