

Case Number:	CM13-0053031		
Date Assigned:	03/03/2014	Date of Injury:	07/05/2001
Decision Date:	05/02/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Practice 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 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:

This is a 72-year-old male with a date of injury of 07/05/2001; the mechanism of injury occurred when the injured worker tripped and fell, landing on his right side, striking his head during the fall and then feeling immediate pain in the head, neck, back and right upper extremity. The injured worker reportedly has a history of completing 9 weeks of radiation treatment and 12 weeks of chemotherapy. The diagnosis is lumbosacral disc degeneration. The injured worker was evaluated on 11/20/2013 and reportedly continued to complain of neck, back and right upper extremity pain. Medications prescribed at that time included Wellbutrin, Prilosec, Ambien, Norco, Atarax, Lyrica and Skelaxin. A urine drug test was completed and was positive for hydrocodone and lorazepam, which was consistent with the injured worker's current prescribed medications of Norco and lorazepam. Objective findings on 11/20/2013 were decreased painful range of motion to the neck and decreased painful range of motion to the back as well as positive tenderness to palpation. The treatment plan was for the injured worker to continue with psychiatric treatment, for which the injured worker was seen on 11/07/2013 for a cognitive behavioral therapy session in which somatic pain and functional complaints had increased or remained the same; however, depression and anxiety were reportedly decreased. The treatment plan was to include yoga sessions, to discontinue Ativan and to obtain authorization for a trial of Skelaxin for muscle spasms as well as to request for authorization to continue other medications, listed as Wellbutrin, Prilosec, Ambien, Norco, Atarax, Lyrica and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #10: 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 Page(s): 24.

Decision rationale: The CA MTUS Guidelines state not recommended for long-term use because long-term efficacy is unproven and risk of dependence; limit use to 4 weeks. The request for Ambien 10 mg #10 is non-certified. The injured worker received the prescription for the Ambien as noted on the date of exam of 11/20/2013, which by now would exceed the recommended use of 4 weeks per the California MTUS Guidelines. Tapering should be individualized as to prevent withdrawal from abrupt withdrawal. As such, the request is non-certified.

ATARAX 25MG #90: 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)

Decision rationale: The Official Disability Guidelines state Atarax is recommend for controlling anxiety as an important part of chronic pain treatment. The request for Atarax 25 mg #90 is non-certified. As noted, the injured worker reported decreased anxiety on 11/07/2013 in the cognitive therapy session. The Official Disability Guidelines do recommend the medication for controlling anxiety; however, the documentation provided did not indicate nor suggest any current symptoms of anxiety. As such, the request is non-certified.

PRILOSEC 20MG #390: 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.

Decision rationale: The CA MTUS Guidelines recommends for patients at intermediate risk for gastrointestinal events and no cardiovascular disease; also, use (>1 year) has been shown to increase the risk of hip fracture. The request for Prilosec 20 mg "#390" is non-certified. There was no documentation to suggest or indicate that the injured worker is at risk for gastrointestinal events and having any current comorbidities, such as cardiovascular disease, for which would be supported by the California MTUS Guidelines. Given that there was no documentation to

suggest gastrointestinal events and cardiovascular disease as well as a need for a PPI, the request is non-certified.

ATIVAN 2MG #5: 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 Page(s): 24.

Decision rationale: The CA MTUS Guidelines state Ativan is not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence as well as limiting use to 4 weeks. The request for Ativan 2 mg #5 is non-certified. There was no documentation to indicate that on 11/20/2013, the plan was to discontinue medication. Furthermore, guidelines do not recommend long term use but abrupt discontinuation is not recommended due to possibility of withdrawal. As such, the request is non-certified due to long-term use.