

Case Number:	CM13-0056141		
Date Assigned:	12/30/2013	Date of Injury:	12/27/2000
Decision Date:	04/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and 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 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:

he patient is a 64 year-old female with a date of injury of 12/27/2000. The listed diagnoses per [REDACTED] dated 10/09/2013 are: 1) Significant spinal pain 2) Cervical spine discopathy 3) Multilevel lumbar discopathy 4) Morbid obesity 5) Diabetes According to report dated 10/09/2013, the patient presents with significant neck and low back pain. Physical examination reveals significant spasm, tenderness and pain on motion. Examination further reveals positive sciatic stretch and reduced range of motion. Patient is taking Norco 10/325mg, Zantac, Narcosoft, Ambien, Gabapentin and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

HE REQUEST FOR ZOLPIDEM 10MG #30 WITH (2) REFILLS: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

Decision rationale: This patient presents with significant neck and low back pain. Treating physician is requesting Zolpidem 10mg #30 with 2 refills "for no sleep." The MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has been prescribed Ambien since 03/13/2013. ODG Guidelines does not recommend long-term use of this medication and recommendation is for denial.

THE REQUEST FOR NARCOSOFT #60 WITH (2) REFILLS: Overturned

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 Opioids.

Decision rationale: This patient presents with significant neck and low back pain. Treating physician is requesting Narcosoft for constipation. Utilization review denied request stating "it is unclear whether or not the patient exhibits symptoms of constipation." The MTUS Guidelines discuss prophylactic medication for constipation when opiates are used. In this case, the patient is noted to be taking Norco since 01/02/2013. The requested Narcosoft is medically necessary and recommendation is for approval.

THE REQUEST FOR OMEPRAZOLE 20MG #100 WITH (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI and Cardiovascular Risk..

Decision rationale: This patient presents with significant neck and low back pain. Treating physician is requesting Omeprazole 20mg #100 with 2 refills for patient's "stomach upset" from taking long-term Norco. The MTUS Guidelines states omeprazole is recommended with precautions as indicated below. Clinician should weigh the indications for NSAIDs against both GI and cardiovascular risks factors to determine if the patient is at risk for gastrointestinal events: (1) Ages greater than 65 years, (2) History of peptic ulcer, GI bleeding, or perforation, (3) Concurrent use of ASA, corticosteroids, and/or anticoagulant, (4) High dose/multiple NSAIDs. In this case, the treating physician recommends omeprazole for patient's upset stomach. However, review of reports dated from 01/02/2013 to 10/09/2013 do not provide any discussions of the patient's GI risk as required by MTUS. The patient is not taking any NSAIDs. The treating physician provides a statement that this patient has upset stomach from the use of Norco but it is not clear what stomach upset the patient has from the opiate use. There is no description of symptoms to determine what this stomach upset means as opiates do not typically cause stomach problems. Opiates can cause nausea and worsen symptoms of GERD but this patient does not present with GERD. The requested omeprazole is not medically necessary and recommendation is for denial.

