

Case Number:	CM13-0056188		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2006
Decision Date:	04/01/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 53-year-old female who reported an injury on 05/22/2006. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar herniated disc protrusion, status post lumbar decompression with fusion, and chronic pain syndrome. The patient was seen by [REDACTED] on 08/23/2013. The patient reported worsening back pain with radiation to the lower extremity. Physical examination revealed moderate tenderness and stiffness in the lumbar spine with positive straight leg raising and weakness. Treatment recommendations included prescriptions for a compounded cream, omeprazole, gabapentin, Ambien, Relafen, and Norco.

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 ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the documentation submitted, there was no indication of chronic insomnia or sleep disturbance. There is also no documentation of a failure to respond to nonpharmacologic treatment. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, there is no evidence of a failure to respond to first line treatment with acetaminophen, as recommended by California MTUS Guidelines. The patient has previously utilized NSAID medication in the past. Documentation of objective functional improvement was not provided. California MTUS Guidelines further state there is no evidence of long term effectiveness for pain or function. Based on the clinical information received, the request is non-certified.

Norco 5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient's physical examination only revealed tenderness to palpation and positive straight leg raising. There is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for ongoing opioid therapy. There is also no evidence of a failure to respond to non-opioid analgesics. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Gabapentin 6%/ Ketoprofen 20%/Lidocaine HCL 16.12% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the request for a topical analgesic. Furthermore, gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Based on the clinical information received, the request is non-certified.

Omeprazole 20mg #60 po BID with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

Gabapentin tablets #45:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown effective for treatment of diabetic painful neuropathy and post herpetic neuralgia. As per the documentation submitted, the patient's physical examination revealed moderate tenderness and stiffness in the lumbar spine with positive straight leg raising. While the patient may meet criteria for the requested anti-epilepsy medication for symptoms of radicular pain, the current request does not include the specific dosage and frequency of the medication. Therefore, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.