

Case Number:	CM13-0059575		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2003
Decision Date:	05/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Pain Medicine, 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:

The patient is a 43 year old female who was injured on 11/10/03 when she slipped and fell. Prior treatment history has included the following medications on 12/31/2013: Celexa, Cymbalta, Ambien, Synthroid, Diovan, Prilosec, Baclofen, and Norco. The patient has undergone trigger point and Toradol injections. Toxicology studies done on 12/18/13 were positive for Percocet, including the metabolite Oxymorphone and Noroxycodone. No non-prescribed controlled substances were identified. The patient is following the opioid agreement to the letter. A progress note dated 12/18/13 documented that the patient has morbid obesity and a history of illicit drug use approximately 20 years ago. She is utilizing Percocet at a maximum of 5 tablets a day as a pain contingent opioid. Butrans has been recommended at a maximum of 15mg every seven days. There have been no side effects with the opioids. They have reduced her pain by 60% subjectively. She notes 30% improvement in her housework as a result of the use of opioid. Reducing her breakthrough medication (Percocet) while increasing the time contingent medication (Butrans) was discussed. A progress note dated 12/31/13 documented the patient to have complaints of pain in the lower back with pain intensity level 7-8/10 in the back, and 8/10 in the leg, which has increased from the 11/19/13 exam where it was rated at 4/10. Sleep is 7-8 hours per night, essentially unchanged since 2/18/13. Objective findings on exam revealed the patient had an antalgic gait. Reflexes are decreased on the right patella and right Achilles. The lumbar spine exam reveals positive spasm. Trigger points and myofascial restrictions are noted. Straight leg raising is positive to 60 degrees on the right and 80 degrees on the left. The patient has discogenic pain syndrome involving the lumbar spine, as well as morbid obesity. The patient was recommended to follow a specific weight loss protocol. The patient usually changes in sleep pattern, serotonin levels, mood, personality and function. The plan is to continue the use of Celexa, Cymbalta and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS PATCHES 15MCG/HR #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the California MTUS, Buprenorphine is recommended for the treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. According to the Official Disability Guidelines, Butrans is FDA-approved for moderate to severe chronic pain. According to the progress note dated 12/18/13, the patient was utilizing Percocet at a maximum of 5 tablets a day as a pain contingent opioid, and Butrans at a maximum of 15mg every seven days as a time contingent opioid. The patient indicated that opioids had reduced her pain by 60% subjectively, and she noted 30% improvement in her housework as a result of the use of opioid. However, the progress note dated 12/31/13 documented the patient to have complaints of pain rated 7-8/10, which had increased from 11/19/13 exam where it was rated at 4/10. The medical records do not establish that the patient obtained improved pain level and function, as well as reduction in oral opioid utilization with Butrans. The guidelines state that opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. In the absence of improvement, the medical necessity of Butrans has not been established. Therefore the request is non-certified.

OMEPRAZOLE 20MG #30: 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 rationale: The California MTUS guidelines state that medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events. Risk factors include being over 65 years of age; having a history of peptic ulcer, GI bleeding or perforation; concurrently using ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAIDs (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at risk for GI events. In accordance with the MTUS guidelines, Omeprazole is not medically necessary. Therefore the request is non-certified.

ZOLPIDEM ER 12.5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. The guidelines state that Ambien CR offers no significant clinical advantage over regular release Zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release Zolpidem. The medical records do not document current subjective complaints and corroborative objective findings/observations to substantiate active insomnia. There is no mention of attempts to address or improve sleep hygiene with non-pharmacologic means. There is no clear indication for Zolpidem at this time. Therefore Zolpidem ER is not medically necessary according to the guidelines, and the request is non-certified.