

Case Number:	CM13-0072072		
Date Assigned:	01/17/2014	Date of Injury:	11/10/2010
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 32-year-old male who reported injury on 11/10/2010. The injured worker's medication history included opiates, antiepileptic medications, PPIs, muscle relaxants, cetirizine, zaleplon, and Nortriptyline as of 2012. The mechanism of injury was not provided. The documentation of 12/10/2013 revealed the injured worker's pain was a 4/10 and when taking medications the pain was a 2/10. It was indicated the injured worker was taking cetirizine once a day as prescribed and the medication provided pain relief and provided less inflammation and reduced swelling with functional improvement including basic activities of daily living such as walking and the effects lasted 4 hours. The injured worker was utilizing cyclobenzaprine twice a day and reported some pain relief and less muscle spasms with functional improvement including dressing and undressing, functional transfer, personal hygiene and grooming, sleeping, standing time and walking. It was indicated the injured worker was taking zaleplon at bedtime for anxiety and muscle spasms. It was indicated the injured worker was noting some pain relief and less insomnia with functional improvement. Additionally, it was indicated the injured worker was taking Prilosec 20 mg twice a day to inhibit proton pumps of the body cells from pumping the protons to decrease irritation and swelling. The injured worker indicated some pain relief and less heartburn and functional improvement. The diagnoses included lumbar radiculopathy, lumbar disc displacement without myelopathy, and stenosis with neurogenic claudication in the lumbar spine, disc disorder in the lumbar spine, lumbar or lumbosacral disc degeneration, lumbago, and left antalgic abnormality of gait. The treatment plan included zaleplon 10 mg capsules take 1 at bedtime as needed quantity 30, cetirizine hydrochloride 10 mg tablets take 1 daily quantity 30, cyclobenzaprine hydrochloride 7.5 mg take 1 twice daily quantity 60, gabapentin 600 mg take 1 every 8 hours #90, Nortriptyline hydrochloride 75 mg capsules take 1

at bedtime #30, pantoprazole sodium DR 20 mg tablets take 1 twice daily #60, and hydrocodone/APAP 10/325 mg tablets, 1 every 4 to 6 hours as needed for pain quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZALEPLON 10MG QHS PRN #30 EFFECTIVE 12/10/13: 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), 11TH Edition (Web).

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

Decision rationale: The Official Disability Guidelines indicate that zaleplon reduces sleep latency in short term uses indicated with a controlled trial showing effectiveness for up to 5 weeks. Short term use is 7 to 10 days. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. It was indicated the injured worker felt less insomnia; however, there was a lack of documentation of objective quantification of what less was. The request for zaleplon 10 mg at bedtime as needed #30 effective 12/10/2013 is not medically necessary.

CETRIZINE HCL 10MG QD #30 EFFECTUVE 12/10/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cetirizine-hcl.html>

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing muscle relaxants for greater than 1 year. While it was indicated the injured worker had less muscle spasm and functional improvement, there was a lack of documentation of objective functional improvement and exceptional factors to warrant nonadherence to guideline recommendation for usage of less than 3 weeks. Given the above, the request for cyclobenzaprine hydrochloride 7.5 mg twice a day #60 effective 12/10/2013 is not medically necessary.

CYCLOBENZAPRINE HCL 7.5MG BID #60 EFFECTIVE 12/10/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had pain relief and had less heartburn with functional improvement. While it was indicated the injured worker had less heartburn, there was a lack of an objective measurement of "less heartburn" for the requested medication. Given the above, the request for pantoprazole 20 mg twice a day #60 effective 12/10/2013 is not medically necessary.

PANTOPRAZOLE SOD 20MG BID #60 EFFECTIVE 12/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Guidelines. Page(s): 69.

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had pain relief and had less heartburn with functional improvement. While it was indicated the injured worker had less heartburn, there was a lack of an objective measurement of "less heartburn" for the requested medication. Given the above, the request for pantoprazole 20 mg twice a day #60 effective 12/10/2013 is not medically necessary.