

Case Number:	CM14-0006496		
Date Assigned:	03/03/2014	Date of Injury:	03/03/2007
Decision Date:	08/04/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 injured worker is a 60-year-old male who reported an injury on March 03, 2007 with the mechanism of injury not cited in the documentation provided. In the documentation dated December 09, 2013, there is documentation of the injured worker's diagnoses which included anxiety/stress disorder; depression; hyperlipidemia; arteriosclerotic coronary artery disease aggravated by work related stress disorder; status post 3 vessel coronary artery bypass; chronic sinusitis secondary to dust inhalation; chest pain musculoskeletal in origin; continuous trauma injury affecting musculoskeletal system, primarily involving the elbow and knees, as well as the back; sleep disorder; psoriasis, stress induced, involving the knees, hands, and face; borderline diabetes mellitus, accelerated by work related stress; GERD secondary to work related stress and open heart surgery; arteriosclerotic heart disease; renal dysfunction stage II; cervical disc herniation, multilevel, and thoracic disc herniation T7-8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 375mg: 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), Pain Chapter, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67-68 Page(s): 67-68.

Decision rationale: The request for Naproxen is not medically necessary. The California MTUS Guidelines state that NSAIDs (nonsteroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in injured worker with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, physical examination, side effects, or efficacy of prescribed medications or frequency and dosage. Therefore, the request is not medically necessary.

Hydrophone-Acetaminophen 5/500: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: The request for Hydrophone-Acetaminophen is not medically necessary. The California MTUS Guidelines state that hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. In the clinical notes provided for review, there is lack of documentation of the injured worker's pain level status, physical examination, frequency, and duration of medication and rationale for the use of hydrocodone/acetaminophen. Therefore, the request is not medically necessary.

Alprazolam 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Alprazolam is not medically necessary. The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are the treatment of choice in very few conditions. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, physical examination, frequency and duration of the prescribed medication. Furthermore, there is a lack of rationale for the request of Alprazolam. Therefore, the request is not medically necessary.

Ambien CR 12.5mg: 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), Pain Chapter, 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) Pain, Zolpidem.

Decision rationale: The request for Ambien CR is not medically necessary. The Official Disability Guidelines (ODG) state that Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists, rarely, if ever recommend them for long-term use. They can be habit forming, and may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, physical examination, rationale or indication of insomnia, and frequency and duration of the prescribed medication. Therefore, the request is not medically necessary.

Nexium DR 40mg: 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), Pain Chapter, Proton Pump Inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Nexium DR is not medically necessary. The California MTUS Guidelines state that to determine if the injured worker is at risk for gastrointestinal events, the following criteria should be evaluated: age greater than 65 years; history of peptic ulcer; GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g. NSAID and low dose ASA). In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, physical examination, medication side effects and/or efficacy, frequency or duration of which the prescription of Nexium is to be used. Therefore, the request is not medically necessary.

Vytorin 10/40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

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

Decision rationale: The request for Vytorin is not medically necessary. The Official Disability Guidelines (ODG) state that statins are not recommended as a first line treatment for diabetics. Patients with Diabetes Mellitus (DM) should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes, and, as needed, consultation with a registered dietician. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins. In the clinical notes provided for review, there is a lack of documentation of the injured worker's physical examination, frequency, and duration of the use of Vytorin, and the rationale with indication for the use of Vytorin. Therefore, the request is not medically necessary.

CVS Non-aspirin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12, 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

Decision rationale: The request for CVS Non-aspirin is not medically necessary. The California MTUS Guidelines state that acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by case basis. Acetaminophen is recommended an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular, and renovascular risk factors. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, a lack of physical examination, lack of indications for the prescribed medications with rationale. Therefore, the request is not medically necessary.

Zetia 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

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

Decision rationale: The request for Zetia is not medically necessary. The Official Disability Guidelines (ODG) state that statins are not recommended as a first line treatment for diabetics. Patients with DM should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes, and, as needed, consultation with a registered dietician. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins. In the clinical notes provided for review, there is a lack of documentation of the injured worker's physical examination, frequency, and duration of the use

of Zetia, and the rationale with indication for the use of Zetia. Therefore, the request is not medically necessary.

Cyclobenzaprine 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatments should be brief. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, physical examination, frequency and duration and rationale for the use of cyclobenzaprine. Therefore, the request is not medically necessary.

TrueTest Glucose test strips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Niprodiagnostics.com.

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

Decision rationale: The request for TrueTest Glucose test strips is not medically necessary. The Official Disability Guidelines (ODG) state that glucose monitoring is recommended for self-monitoring of blood glucose for people with type I diabetes as well as those with type II diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring for routine use. Self-monitoring of blood glucose has small effect on glycemic control and injured workers with type II diabetes who are not using insulin. In the clinical notes provided for review, there is a lack of documentation of the injured worker's diabetic standing, use of insulin, physical examination, frequency of testing, or rationale for the indication of glucose test strips. Therefore, the request is not medically necessary.