

Case Number:	CM14-0008560		
Date Assigned:	02/12/2014	Date of Injury:	09/11/2007
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational 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 injured worker is a 59 year old female. The date of injury is documented as September 11, 2007. The mechanism of injury is not specified. The injured worker was not prescribed for ongoing use of the medications Norco, Ambien, and Nexium. It is noted that a partial certification for the medication Norco was delivered to begin a weaning process. There are ongoing complaints of left foot and ankle pain dating back to 2008. A qualified medical evaluation (QME) report from January, 2014 indicated an increase in the patient's left foot/ankle pain. The physical examination noted healed surgical scars. There was tenderness to palpation and a marked decrease in range of motion. Multiple interventions to include surgery have been identified. This report also indicates that there has not been any significant improvement in the pain complaints with use the medications outlined. A noted comorbidity compromising the treatment includes diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325, QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Within the medical records provided for review, there is a lack of any efficacy or utility with the ongoing use of this narcotic medication. There is insufficient clinical evidence presented to support the indefinite ongoing use of this medication. As outlined in the MTUS Chronic Pain Guidelines, the routine use of opioids for acute, subacute, or chronic pain is "not recommended." As such this request is not medically necessary and appropriate.

AMBIEN 5 MG, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend that treatment of insomnia be based on the etiology. Failure of a sleep disturbance to resolve in 7 to 10 days may indicate psychiatric and/or medical illness. The majority of studies involving insomnia treatment have only evaluated short-term treatment (less than 4 weeks). Within the medical records provided for review, there is no significant objectified improvement in the patient's sleep hygiene, and there is insufficient clinical data presented to support this request. The request is not medically necessary and appropriate.

NEXIUM 20 MG, QTY: 60: Upheld

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 Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor, useful for the treatment of gastroesophageal reflux disease. There is no noted mention of such a malady in this case. Furthermore, there is no indication of the use of non-steroidal medications. Therefore, based on the records reviewed there is no indication for this preparation. The request is not medically necessary and appropriate.