MAXIMUS Federal Services

Case Number:	CM14-0009584		
Date Assigned:	01/29/2014	Date of Injury:	09/06/2004
Decision Date:	06/19/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 54 year-old with a date of injury of 09/06/04. A progress report associated with the request for services, dated 09/16/13, identified subjective complaints of neck pain with numbness and tingling in the left arm. Documentation of objective findings were limited but did include decreased cervical flexion. Diagnoses included cervical disc disease and sprain with upper extremity radiculitis; lumbar disc disease and sprain with left lower extremity radiculitis; and carpal tunnel syndrome of the left wrist. Treatment has included chiropractic therapy as well as oral opioids and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

CATAFLAM 50MG #60 ONE TABLET BID.: 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., NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAID, 67-73

Decision rationale: Cataflam (diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). NSAIDs have been recommended for use in osteoarthritis. It is noted that they are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The record indicates that the therapy is long-term rather than for a short period. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to Cataflam and therefore no medical necessity.

TRAMADOL 50MG #200 ONE-TWO TABLETS PO QID PRN.: 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., OPIOIDS, CRITERIA FOR USE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 8, 181

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The Guidelines further specifically state that tramadol is not recommended as a first-line oral analgesic. The MTUS further states that opioids are not recommended for more than 2 weeks for neck complaints. The patient has been on opioids in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for tramadol.

AMBIEN 10MG #30 ONE TABLET QHS: 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) Pain, Insomnia Treatment; and Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: Ambien (zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address zolpidem. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that zolpidem is indicated for short-term treatment of insomnia. They note that zolpidem has multiple side effects and adults who use zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term; likewise, at greater than recommended doses. Therefore, the record does not document the medical necessity for Ambien.

PRILOSEC 20MG #30 PO QD.: 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., NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK. ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAID, 68-69

Decision rationale: Prilosec (omeprazole), a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered safe in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors. Therefore, the medical record does not document the medical necessity for Prilosec.