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| Case Number: | CM14-0014552 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 06/15/2012 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, upper back, mid back, and low back pain reportedly associated with an industrial injury of June 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep aids; unspecified amounts of physical therapy; earlier knee surgery; earlier lumbar fusion surgery; and earlier cervical laminectomy surgery. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a request for Ambien outright, partially certified Norco for weaning, approved a request for Neurontin, denied a request for omeprazole, partially certified Soma for weaning purposes, and denied a Methoderm cream. Somewhat incongruously, the claims administrator approved Neurontin and did not mention of discussion of the efficacy of the same while denied or partially certified many of the other medications on the grounds that the applicant had not profited through the same. The applicant's attorney subsequently appealed. In a clinical progress note of November 27, 2013, the applicant was given Synvisc injection for reported knee arthritis. On November 1, 2013, the applicant was kept off of work, on total temporary disability, for an additional 45 days. On October 4, 2013, the applicant presented with chronic pain syndrome, neuropathy, knee arthritis, and neck pain. Ambien, Norco, Neurontin, and Prilosec were apparently renewed. There was no discussion of medication efficacy. It was stated that the applicant had had pain complaints for the last 15 years and that the applicant's present low back pain was scored at 10/10. The applicant was reportedly dragging his feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #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 ODG Chronic Pain Chapter, Zolpidem topic.

Decision rationale: The MTUS does not address the topic. However, as noted in the ODG Chronic Pain Chapter Zolpidem topic, zolpidem or Ambien is indicated in the short-term treatment of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, and/or scheduled use purpose for which it is being proposed here. In this case, the attending provider did not proffer any employee-specific rationale, narrative, or commentary which would offset the unfavorable guideline recommendation. Therefore, the request was not medically necessary.

OMEPRAZOLE 20MG #60: 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, 68

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the employee specifically denied symptoms of reflux on a progress note of December 9, 2013. The attending provider noted that the employee had a negative gastrointestinal review of systems on that date. Therefore, the request for omeprazole is not medically necessary.

MENTHODERM CREAM: 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, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, SECTION SALICYLATE TOPICALS Page(s): 105.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topicals such as Methoderm, in this case, however, the attending provider did not specifically allude to or discuss usage of Methoderm on any recent progress note provider. The attending provider did not discuss medication efficacy. The

attending provider did not state how precisely Menthoderm had helped the employee. The fact that the employee remained off of work and remained highly reliant on opioid agents such as Norco, taken together, implies the lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Menthoderm. Therefore, the request was not medically necessary.

NORCO 10MG-325MG #180: 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, 76-80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines SECTION WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Norco is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the employee is off of work, on total temporary disability. The employee's pain complaints are seemingly heightened, despite ongoing Norco usage. There is no discussion or mention of any improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

SOMA 350MG #90: 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, CARISOPRODOL,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain SECTION CARISOPRODOL Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with other agents. In this case, the attending provider did not proffer any employee-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. The employee is in fact using an opioid agent, Norco, concurrently. Therefore, the request was not medically necessary, for all of the stated reasons.