

Case Number:	CM14-0015784		
Date Assigned:	03/03/2014	Date of Injury:	10/16/2006
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 38-year-old male who reported an injury on 10/16/2006. The mechanism of injury was reported from lifting boxes. Within the clinical note dated 04/08/2014 the injured worker complained of neck pain radiating to his bilateral upper extremities, low back pain radiating to his bilateral lower extremities, and ongoing headaches. He rated his pain 9/10 with medication and 10/10 without medication. He reported limitations in his activities of daily living, to include self care and hygiene, activity, ambulation, hand function, and sleep. Upon the physical exam of the lumbar spine the provider noted spasms and tenderness upon palpation in the spinal vertebra area, L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. The provider noted pain significantly increased with flexion and extension, and motor exam showed decreased strength of the extensor muscles along the L4-S1 dermatomes in bilateral lower extremities. The diagnoses include lumbar postlaminectomy, lumbar radiculopathy, status post fusion of the lumbar spine, and chronic pain. The injured worker's medication regimen included tramadol, vitamin D, pantoprazole, zolpidem, and hydrocodone. The provider noted the injured worker developed an opioid tolerance due to longterm opioid use, prescriptions have been provided to the patient to reflect an allowing weaning of opioids. The provider requested for vitamin for insufficient serum 23 D levels, pantoprazole to limit gastrointestinal effects, zolpidem for treatment of insomnia, and tramadol for pain control. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO VITAMIN D 2000 IU TAKE 2 TABLETS ONE TIME DAILY FOR 50 DAYS

#100: 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, Vitamin D.

Decision rationale: The request for retro vitamin D 2000 IU take 2 tablets one time daily for 50 days #100 is non-certified. The injured worker complained of neck pain radiating to his bilateral upper extremities, low back pain radiating to his bilateral lower extremities, and ongoing headaches. He rated his pain 9/10 with medication and 10/10 without medication. He reported limitation to his activities of daily living to include self care and hygiene, activity, ambulation, hand function, and sleep. The Official Disability Guidelines recommend Vitamin D in consideration for chronic pain patients and supplementation if necessary. The guidelines note musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. There is a lack of objective findings indicating the injured worker to have a decrease in calcium. The request submitted does not warrant the medical necessity for vitamin D. Therefore, the request for retro vitamin D 2000 IU take 2 tablets one time daily for 50 days #100 is non-certified.

RETRO PANTOPRAZOLE 20MG TAKE 1 CAPSULE BY MOUTH ONCE DAILY FOR 30 DAYS #30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for retro pantoprazole 20 mg take one capsule by mouth once a day for 30 days #30 is non-certified. The injured worker complained of neck pain radiating to his bilateral upper extremities, low back pain radiating to his bilateral lower extremities, and ongoing headaches. The injured worker's pain was rated 9/10 with medication and 10/10 without medication. The injured worker reported limitations in activities of daily living to include self care and hygiene, activity, ambulation, hand function, and sleep. The California recommend proton pump inhibitors for those at risk for gastrointestinal events including over the age of 65 , history of peptic ulcer, gastrointestinal bleed or perforation. The guidelines not a non-selective NSAID with a proton pump inhibitor increases the risk of a hip fracture. If the injured worker is at risk for gastrointestinal events with cardiovascular disease use a low dose cox-2 plus a low dose aspirin and proton pump inhibitor. The guidelines recommend for the treatment of dyspepsia secondary to NSAID therapy , stop the nsaid therapy, switch to a different NSAID or consider H2-receptor antagonist or a proton pump inhibitor. There is a lack of clinical documentation noting the injured worker complained of or was diagnosed with dyspepsia. In addition, there

was a lack of documentation indicating the injured worker is on NSAID therapy warranting the use of a proton pump inhibitor. There is a lack of clinical documentation indicating the injured worker to be at risk for gastrointestinal events, had a history of peptic ulcer, GI bleed or perforation. Therefore, the request for retro pantoprazole 20 mg take one capsule by mouth once daily for 30 days #30 is non-certified.

RETRO ZOLPIDEM TARTRATE 10MG TAKE 1 TABLET BY MOUTH ONCE AT NIGHT AS NEEDED #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), Pain, Zolpidem.

Decision rationale: The request for retro zolpidem tartrate 10 mg take one tablet by mouth once at night as needed #30 is non-certified. The injured worker complained of neck pain radiating to his bilateral upper extremities, low back pain radiating to his bilateral lower extremities, and ongoing headaches. The injured worker's pain was rated 9/10 with medication and 10/10 without medication. The injured worker reported limitations in activities of daily living to include self care and hygiene, activity, ambulation, hand function, and sleep. The Official Disability Guidelines note zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which was approved for short-term, usually 2 to 6 weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. The guidelines note proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Those 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 longterm use. The guidelines note they can be habit-forming and may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over longterm. There was a lack of clinical and objective findings indicating the injured worker to have been diagnosed with insomnia. Additionally, the injured worker had been utilizing the medication for an extended period of time, since at least 07/2013, which exceeds the guidelines recommendation of a short-term use for 2 to 6 weeks. Therefore, the retro request for zolpidem tartrate 10 mg take one tablet by mouth once at night as needed #30 is non-certified.

RETRO TRAMADOL ER 150MG TAKE 1 CAP BY MOUTH TWICE DAILY FOR 30 DAYS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for retro tramadol ER 150 mg take one capsule by mouth twice daily for 30 days #60 is non-certified. The injured worker complained of neck pain radiating to

his bilateral upper extremities, low back pain radiating to his bilateral lower extremities, and ongoing headaches. The injured worker's pain was rated 9/10 with medication and 10/10 without medication. The injured worker reported limitations in activities of daily living to include self care and hygiene, activity, ambulation, hand function, and sleep. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen had not been provided since 07/2013. Therefore, the request for retro tramadol ER 150 mg take one capsule by mouth twice daily for 30 days #60 is non-certified.