

Case Number:	CM14-0016491		
Date Assigned:	04/11/2014	Date of Injury:	02/11/2008
Decision Date:	05/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family Practice, has a subspecialty in Pain Management and is licensed to practice in California and Arizona. 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 patient is a 36 yr. old female claimant who sustained a work injury on 2/11/08 resulting in cervical pain with radiculopathy, left brachial neuritis, left shoulder injury and occipital neuralgia. She had undergone a thoracic outlet release and left shoulder arthroscopy with labral debridement. An exam report on 12/12/13 indicated the claimant had continued pain and her pain management specialist had left the practice. She was recommended from the prior pain specialist to undergo Ketamine infusions. The current physician referred the claimant to another pain specialist at the time and gave her Gaviscon to treat an upset stomach that occasionally develops when she treats her "orthopedic problems." In addition, Intermezzo was given for intermittent use for sleep. In a prior visit on 10/31/13 the claimant was also given Intermezzo. Protonix was previously used as needed without indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

GAVISCON, 1 BOTTLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.Com: Gaviscon (Alginic Acid, Aluminum Hydroxide, and Magnesium Carbonate)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68-69.

Decision rationale: Gaviscon is an over the counter product that contains alginic acid and bicarbonate to help with acid reflux. According to the MTUS guidelines, there is no mention of using Gaviscon. Proton pump inhibitor are to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant may start Ketamine infusion (not an NSAID) but there is no indication for use of an antacid. The symptoms of reflux are also not specific and there is lack of clinical data to support use of Gaviscon. The request for Gaviscon 1 bottle is not medically necessary and appropriate.

INTERMEZZO 1.75MG, #30: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

Decision rationale: Intermezzo is Zolpidem. The MTUS/ACOEM guidelines do not make recommendations regarding insomnia medications. According to the Official Disability Guidelines (ODG), "is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the claimant's sleep history was not specified. The claimant had been on Intermezzo for several months which exceeds the length of time recommend for its use. The request for Intermezzo 1.75 mg # 30 is not medically necessary and appropriate.