

Case Number:	CM14-0017160		
Date Assigned:	04/14/2014	Date of Injury:	07/15/2011
Decision Date:	08/14/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation 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 patient is a 45 year old female who was injured on 07/15/2011 while she was kneeling down to put away trash and as she stood up, she felt a popping sensation in her left knee. Urine laboratory results dated 09/12/2013 revealed no medications were detected. Progress report dated 12/12/2013 states the patient complained of continue right shoulder pain and she rated her pain as an 8/10. She stated her pain levels are high as she has no medications to take. On exam, she is tender over the supraspinatus, right shoulder. She is diagnosed with internal derangement of the right shoulder, supraspinatus tendinitis of the right shoulder and right shoulder degenerative changes acromioclavicular joint. She was dispensed Naproxen sodium 550 mg #60, Omeprazole 20 mg #60; Tramadol 50 mg #200; Zolpidem 10 mg #30. Prior utilization review dated 01/22/2014 states the requests for Zolpidem 10mg quantity 30, Tramadol 50mg quantity 200, Omeprazole 20mg quantity 60, and Naproxen Sodium 550mg, quantity 60 were denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: According to the CA MTUS guidelines, Naproxen NSAIDs is recommended as an option for short-term symptomatic relief. According to the CA MTUS guidelines, Naproxen NSAID is recommended at the lowest dose for the shortest period in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In the absence of documented recent medication, the frequency and the duration and any significant improvement of pain and function, the request is not medically necessary according to the guidelines.

OMEPRAZOLE 20MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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 NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors. In this case, the medical records do not establish the patient is at significant risk for GI events. In accordance with the CA MTUS guidelines, Omeprazole 20mg quantity 60 is not medically necessary.

TRAMADOL 50MG QUANTITY 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the

4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Chronic use of opioids is not generally supported by the medical literature. Therefore, the request for Tramadol 50mg quantity 200 is not medically necessary.

ZOLPIDEM 10MG QUANTITY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN (UPDATED 01/07/14), ZOLPIDEM (AMBIEN).

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> Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, there is no documentation of sleep hygiene or details of sleep problems. There is no documentation of efficacy with the use of this medication. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Thus, the request for Zolpidem 10mg quantity 30 is not medically necessary.