

Case Number:	CM14-0018992		
Date Assigned:	04/23/2014	Date of Injury:	04/07/2002
Decision Date:	07/03/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 patient is a 63 year-old male, who was injured at work on 4/7/2002. He sustained injuries to his shoulders, elbows, wrists, and hands. He is requesting a review of a denial for the following medications: methocarbamol, zolpidem, omeprazole and lorazepam. A review of his medical records indicates that he carries the following diagnoses: bilateral tear of the glenoid labrum, chondromalacia of the glenoid (left) shoulder, acromioclavicular joint arthrosis of the left shoulder, supraspinatus and coracoid tendinitis of the bilateral shoulders, severe acromioclavicular joint hypertrophy of the bilateral shoulders, lateral epicondylitis, bilateral elbows, deQuervain's tendinitis of the right wrist, bilateral carpal tunnel syndrome and trigger finger of the right 3rd digit. He has undergone a number of surgical procedures for these conditions. His current medication regimen includes the following: hydrocodone, omeprazole, Tramadol, lorazepam and Zolpidem. A review of the primary treating physician's progress reports corroborate the above stated medical problems and treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 750MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines provide criteria of the use of muscle relaxants for pain. According to these guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Their efficacy diminishes over time and prolonged use may lead to dependence. In this case, there is no documentation of an acute muscular problem that would indicate the use of an antispasmodic muscle relaxant such as methocarbamol. Therefore, methocarbamol is not considered medically necessary to treat this patient's listed problems.

ZOLPIDEM 10MG #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines are silent on the use of zolpidem. However, these guidelines do comment on the use of other medications to address insomnia associated with chronic pain. For example, tricyclic antidepressants are recommended as a first-line option for neuropathic pain, especially if the pain is accompanied by insomnia, anxiety or depression. The Official Disability Guidelines, Chronic Pain Chapter, does not recommend the long-term use of zolpidem for insomnia. Finally, there is insufficient documentation in the medical records on the assessment of the underlying etiology of this patient's sleep disorder in order to determine appropriate evidence-based therapy. Therefore, the use of zolpidem in this situation is not considered 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 Official Disability Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines are silent on the use of zolpidem. However, these guidelines do comment on the use of other medications to address insomnia associated with chronic pain. For example, tricyclic antidepressants are recommended as a first-line option for neuropathic pain, especially if the pain is accompanied by insomnia, anxiety or depression. The Official Disability Guidelines, Chronic Pain Chapter, does not recommend the long-term use of zolpidem for insomnia. Finally, there is insufficient documentation in the medical records on the assessment of the underlying etiology of this patient's sleep disorder in order to determine appropriate evidence-based therapy. Therefore, the use of zolpidem in this situation is not considered medically necessary.

LORAZEPAM 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiaepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines provide criteria for the use of benzodiazepines, including lorazepam, in patients with chronic pain. According to these guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of this class of drugs to four weeks. Further, the Official Disability Guidelines lists lorazepam as not recommended. In summary, there is no documented medical indication for the chronic use of lorazepam in this case. Lorazepam is not considered medically necessary.