

Case Number:	CM14-0111467		
Date Assigned:	08/01/2014	Date of Injury:	09/02/2007
Decision Date:	10/06/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 41 year old male who reported an injury to the left side of his rib area on 09/02/07. The clinical note dated 03/03/14 indicates the injured worker having a 7 year history of rib pain. The pain was located at the left front and back of the rib cage. The injured worker stated that the initial injury occurred when he was on water patrol on a Sea-Doo and was hit by another water craft. The injured worker described a dull and aching sensation that is constant. The note indicates the injured worker utilizing Ambien, Lidoderm patches, Motrin, Lexium, Robaxin, Ultram, and Zanaflex. The injured worker rated the pain as 10/10 at that time. The clinical note dated 01/06/14 indicates the injured worker complaining of a long history of rib related pain. The injured worker also reported pain at the left side of the head as well as ongoing headaches. Pain was elicited upon palpation of the left greater occipital nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg (unspecified quantity): 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 (Chronic), Zolpidem (Ambien®)

Decision rationale: Ambien is approved for the short-term treatment of insomnia. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 6 week window of use. As such, the request for Ambien 10mg (unspecified quantity) is not medically necessary and appropriate.

Nexium 40mg (unspecified Quantity): 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 Chapter, Proton Pump Inhibitors

Decision rationale: Proton pump inhibitors (PPI) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for Nexium 40mg (unspecified quantity) is not medically necessary and appropriate.

Robaxin 750mg (unspecified quantity): 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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the Robaxin 750mg (unspecified quantity) is not medically necessary and appropriate.

Ultram 50mg (unspecified quantity): 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 Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the Ultram 50mg (unspecified quantity) is not medically necessary and appropriate.

Ultram ER 300mg (unspecified quantity): 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 Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the Ultram ER 300mg (unspecified quantity) is not medically necessary and appropriate.