

Case Number:	CM14-0111492		
Date Assigned:	09/19/2014	Date of Injury:	07/18/2012
Decision Date:	10/23/2014	UR Denial Date:	07/09/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 07/18/2012, reportedly while working as a home health aide transferring a patient, and sustained injuries to her lumbar spine. The injured worker's treatment history included lumbar surgery, medications, MRI studies, therapy, and medications. The injured worker had a urine drug screen on 12/03/2013 that was negative for tramadol; however, positive for hydrocodone. The injured worker had a urine drug screen on 08/07/2014 that was positive for hydrocodone; however, it was not consistent. The injured worker was evaluated on 07/09/2014 and it was documented the injured worker complained of lumbar spine pain. The provider noted the injured worker stated the pain was constant and the pain level was 8/10. She had pain in her bilateral legs, left greater than right. The findings revealed tenderness of the lumbar spine. Range of motion was flexion was 40/60 degrees, extension was 20/25 degrees, left lateral bend was 20/25 degrees, and right lateral bend was 20/25 degrees. Diagnoses included c/s sprain/strain, l/s, s/p, and left ankle pain. The Request for Authorization dated 09/23/2014 was for omeprazole 20 mg, zolpidem 10 mg, and urine toxicology screen. The injured worker was evaluated on 09/23/2014. It was documented the injured worker complained of lower back pain rated at 7/10, and also neck pain. The provider noted the injured worker had left leg pain rated at 7/10 and left ankle pain rated at 8/10 on the pain scale. Objective findings of the lumbar spine, there was tenderness to palpation. Range of motion of the lumbar spine, flexion was 18 degrees, extension was 12 degrees, left lateral was 16 degrees, and right lateral was 19 degrees. Medications included Norco 10/325 mg, Ambien 10 mg, diazepam 5 mg, omeprazole, and ibuprofen 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, QTY:90: Upheld

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

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

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events however, it was not clear if it was from medications. The provider failed to indicate the frequency, dosage and quantity medication on the request that was submitted. In addition, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. Given the above, the request for Omeprazole 20 mg qty 90 is not medically necessary.

Zolpidem 10mg QTY:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine 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. Various 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 long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Zolpidem. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Zolpidem is not supported. As such the request for Zolpidem 10 mg qty 30.00 is not medically necessary.

Urine Toxicology Screen, QTY:1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for urine toxicology screen, QTY; 1.00 is not medically necessary. Per the California (MTUS) Chronic Pain Medical Guidelines urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids and ongoing management: opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); and opioids, steps to avoid misuse/addiction. The injured worker has several urine drug screens that positive, however inconsistent with prescribed medications and opioid usage. The guidelines recommend urine drug screen once a year. Given the above, the request for the urine drug screen is not medically necessary.