

Case Number:	CM14-0123852		
Date Assigned:	08/08/2014	Date of Injury:	05/03/2000
Decision Date:	09/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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 69-year-old female who reported an injury on 05/03/2000, cause of mechanism of injury was unspecified. The injured worker had a history of lumbar and thoracic spine pain that radiated to bilateral hips with a diagnosis of lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy and lumbar facet arthropathy. No diagnostics available for review. The medication included MS Contin 30 mg, Norco 10/325 mg, omeprazole 20 mg and Ambien 10 mg. The injured worker rated her pain 8/10 with medication using the VAS. The objective findings to the lumbar spine dated 06/26/2014 revealed mild tenderness at the injection site. Severe facet tenderness at the L3-S1 levels. The range of motion with flexion of 60 degrees bilaterally and extension was 10 degrees bilaterally with lateral bending of 30 degrees bilaterally. The sensory examination revealed dermatomes grossly intact. The sciatic nerve root tension test included the sciatic notch tenderness negative, Lasegue's sign negative, Kemp's test was positive bilaterally, Bowstring sign negative bilaterally, seated straight leg raise was negative bilaterally, supine straight leg raise revealed right 70 degrees and left 60 degrees with a Farfan test positive bilaterally. The treatment plan included, a medial branch block to the bilateral L4-S1, psychotherapy, chiropractic manipulation, medications, rest and home exercise. The Request for Authorization dated 08/08/2014 was submitted with documentation. No past treatments provided are available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 93, 78.

Decision rationale: The California MTUS guidelines state avinza capsules are a brand of modified-release morphine sulfate, that is indicated for once daily administration, for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. The guidelines recognize four domains that 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. Per the clinical note dated 06/26/2014, it was indicated that the injured worker is taking MS Contin 30 mg three times a day and Norco 4-6 times a day that indicates up to 15mg daily, which exceeds the morphine equivalent guidelines of no more than 120 mg daily. The clinical note did not address side effects or the potential high risk of drug aberrant behavior. The clinical notes did not address what the measurable pain level was without pain medication. The request did not address the frequency of the medication. As such, the request for MS Contin 30 mg #90 is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California MTUS guidelines indicate that per Package inserts for NSAIDs it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The guidelines states that the lowest effective dose be used for all nonsteroidal anti-inflammatory drugs with the shortest duration. The clinical notes does not indicate the length of time the injured worker had been taking the nonsteroidal anti-inflammatory medication. It has been recommended to measure liver functions/tests within 4 to 8 weeks after starting therapy, no documentation was provided, no urinalysis within the documentation. The request did not indicate the frequency. As such, the request for omeprazole 20 mg is not medically necessary.

Ambien 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 (ODG) Pain (Chronic), Zolpidem.

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, Zolpidem.

Decision rationale: The ODG indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The documentation was not evident as to how long the injured worker had been prescribed Ambien. The clinical notes did not indicate a diagnosis of insomnia or history of insomnia with associated signs and symptoms. The request did not address the frequency. As such, the request for Ambien 10 mg is not medically necessary.