

Case Number:	CM14-0129067		
Date Assigned:	08/18/2014	Date of Injury:	03/18/1999
Decision Date:	10/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational 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 60-year-old male who has submitted a claim for bilateral shoulder pain, cervical spondylosis, and bilateral elbow pain associated with an industrial injury date of March 18, 1999. Medical records from 2014 were reviewed. The patient complained of neck and bilateral shoulder pain, rated 5/10 in severity. The neck pain was worsened with prolonged rotation, extension and lifting. The shoulder pain was worsened by carrying five pounds, overhead activity, pulling, repetitive activity, using a stick shift. Physical examination showed restricted range of motion of the cervical spine. There was hypertonicity and tenderness on the cervical paravertebral muscles. Spurling's maneuver was positive. Shoulder examination showed restricted range of motion bilaterally. Tenderness was noted on the left acromioclavicular joint and biceps groove. MRI of the cervical spine, dated October 20, 2010, revealed 2mm central disc protrusions at C2-C3 and C4-C5, 1mm central disc bulge at C3-C4, and degenerative marrow changes, anterior and posterior osteophytes with a 1-2mm diffuse disc bulge at C5-C6 which abuts the ventral aspect of the cervical spinal cord with associated mild to moderate spinal stenosis and bilateral foraminal narrowing. Treatment to date has included medications, acupuncture, home exercise program, activity modification, right shoulder surgery, and cervical epidural steroid injection. Utilization review, dated July 28, 2014, denied the request for Ambien Cr 12.5mg 1 tab QHS #30 because there was no documentation of functional improvement and there was no mention of a failure to respond to nonpharmacologic treatment; denied the request for Naproxen 375mg 1 tab BID #60 because there was no indication that the patient was currently suffering from an acute exacerbation of chronic pain that would warrant the need for an NSAID; denied the request for Omeprazole Dr 20mg 1 cap OD #30 because there was no mention of cardiovascular disease or increased risk factors that would warrant the need for a proton pump inhibitor; and denied the request for Lidoderm 5 percent patch OD PRN #30

because there was no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Cr 12.5mg 1 tab QHS #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), 11th edition (web) 2013, Chronic Pain Chapter, Insomnia treatment

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: CA MTUS does not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG, Pain chapter states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, the patient was taking Ambien since at least February 2014. Long-term use is not recommended. The medical records did not show evidence of functional improvement from the medication. Furthermore, there was no mention regarding the patient's sleeping habits that warrant the use of Ambien. Therefore, the request for Ambien Cr 12.5mg 1 tab QHS #30 is not medically necessary.

Naproxen 375mg 1 tab BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67.

Decision rationale: According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been taking Naproxen since at least April 2014. NSAIDs are not recommended for long-term use and chronic pain. Furthermore, the medical records did not specifically show evidence of functional improvement from the medication. Therefore the request for Naproxen 375mg 1 tab BID #60 is not medically necessary.

Omeprazole Dr 20mg 1 cap OD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case, the patient has been taking Omeprazole since April 2014 for acid disturbances secondary to medications. However, there was no subjective report that he was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of a PPI. Although the patient was likewise on NSAID therapy, the request for Naproxen is not considered medically necessary and recent progress reports did not report presence of gastric symptoms and GI disorders. The medical necessity has not been established. Therefore, the request for Omeprazole Dr 20mg 1 cap OD #30 is not medically necessary.

Lidoderm 5 percent patch OD PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. In this case, the patient was prescribed Lidoderm patch since at least February 2014. There was no documentation of a trial of first-line therapy in order to support Lidoderm patch use. Furthermore, there was no documentation of any improvement of symptoms or functional status with the use of lidocaine patch. The medical necessity was not established. Therefore the request for Lidoderm 5 percent patch OD PRN #30 is not medically necessary.