MAXIMUS Federal Services

Case Number:	CM14-0134830		
Date Assigned:	08/27/2014	Date of Injury:	03/04/2012
Decision Date:	09/30/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Rehabilitation and Pain Medicine, and is licensed to practice in California and Washington. 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 43-year-old female who reported an injury due to a slip and fall on 03/04/2012. On 06/16/2014, her diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy, cervical spine myoligamentous injury, tension headaches, left knee myoligamentous injury, and secondary stress, anxiety, and depression. Her complaints included lower back pain that was constant, sharp, and stabbing and worsened with prolonged activities. She indicated that her pain was not improving and had migrated into her hips and thighs with numbness and tingling. She stated that the pain woke her up at night and she had difficulty with sexual relationships. She further complained of neck pain greater on the right which was dull and achy and became sharp with increased activities. She had headaches that were associated with her neck pain. She also complained of left knee pain that was frequent and dull, stating that something felt loose with prolonged weight bearing. On 06/09/2014, the rationale for her prescribed medications was that the medications were prescribed to manage and relieve the effects of chronic pain, physical and emotional dysfunction resulting from her industrial-related injury and resulting comorbidities. Her medications included Ultram ER 150 mg, Anaprox DS 550 mg, and Protonix 20 mg. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-95, 113.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including side effects, failed trials of aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Tramadol is a centrally-acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. The need for ongoing use of Tramadol has not been clearly demonstrated in the submitted documentation. Therefore, this request is not medically necessary.

Naproxen 550mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. Naproxen is recommended for osteoarthritis or ankylosing spondylitis. This worker does not have a diagnosis of eithier osteoarthritis or ankylosing spondylitis. The clinical information submitted failed to meet the evidence-based guidelines for continuous use of NSAIDs. Therefore, this request is not medically necessary.

Protonix 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines suggest that proton pump inhibitors, which include Protonix, may be recommended but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or

high dose/multiple NSAID use. Protonix treats gastroesophageal reflux disease and damage to the esophagus (esophagitis), heliobacter infections and high levels of acid in the stomach caused by tumors. This injured worker did not have any of the above diagnosis, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Therefore, this request is not medically necessary.

Ambien 10mg 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), Pain (updated 07/10/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (AmbienÂ®).

Decision rationale: Per the Official Disability Guidelines, Ambien is a short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia (usually 2 to 6 weeks). While sleeping pills, so-called minor tranquilizers, 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 recommendations further state that the dose of Ambien for women should be lowered from 10 mg to 5 mg. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This worker has been taking Ambien for greater than 3 months. This exceeds the recommendations in the guidelines, as does the requested 10 mg dosage. The clinical information submitted failed to meet the evidence-based guidelines for continued use of Ambien. Therefore, this is not medically necessary.

Imitrex 50mg PRN #36: 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), Head (updated 06/09/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans, which includes Imitrex, for migraine sufferers. At marketed doses, all triptans are effective and well tolerated. This injured worker's diagnosis is tension headaches. There is no evidence in the submitted documentation that this worker suffers from migraine headaches. The need for Imitrex was not clearly demonstrated in the submitted documentation. Therefore, this request is not medically necessary.