

Case Number:	CM14-0151162		
Date Assigned:	09/19/2014	Date of Injury:	04/23/2010
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 injured worker is a 28-year-old female who sustained work-related injuries on April 23, 2010. As per the medical records dated January 22, 2014, the injured worker complained of bilateral low back pain. The lumbar spine examination noted tenderness over the paraspinal muscles over the bilateral L2-S1 facet joints and bilateral sacroiliac joints. The lumbar range of motion was restricted in all planes with extension worse than flexion. The lumbar facet joint provocative maneuvers were positive. The straight leg raise test was positive, bilaterally. The muscle reflexes were 1. The heel and toe walk were abnormal with reduced balance. Antalgic gait was noted. The most recent progress notes dated August 13, 2014 documents that the injured worker returned to her provider for a re-evaluation of her bilateral low back pain. She was unable to pickup her Ambien, omeprazole, and Cymbalta from the pharmacy. The last dose of Norco was on the night prior to her visit. The lumbar spine examination noted tenderness over the lumbar paraspinal muscles over the bilateral L2-S1 facet joints and bilateral sacroiliac joints. The lumbar range of motion was limited in all planes by pain with extension worse than flexion. The lumbar facet joint provocative maneuvers were positive. The straight leg raising test was positive, bilaterally. The muscle stretch reflexes were 1. The heel and toe walking was abnormal with reduced balance. Antalgic gait was noted. She is diagnosed with (a) status post fluoroscopically-guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy), (b) status post positive fluoroscopically-guided diagnostic right L4-L5 and right L5-S1 facet joint medial branch block, (c) status post positive fluoroscopically diagnostic left L4-L5 and Left L5-S1 facet joint medial branch block, (d) lumbar facet joint pain, (e) lumbar facet arthropathy, (f) lumbar disc protrusion, (g) lumbar stenosis, (h) lumbar degenerative disc disease, (i) lumbar sprain and strain, (j) sacroiliac joint tenderness, and (k) asthma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg 1 tab p.o. q.h.s. p.r.n. sleep # 30 with 1 refill: Upheld

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

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), Insomnia Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment

Decision rationale: According to Official Disability Guidelines, secondary insomnia is insomnia secondary to other medical and psychiatric illnesses, medications or sleep disorders including chronic pain, gastroesophageal reflux disease, heart failure, end stage renal disease, diabetes, neurologic problems, psychiatric disorders, and certain medications. This type of insomnia can be treated by pharmacological and psychological measures. However, Ambien (zolpidem) is only indicated for short-term treatment of insomnia. In this case, the injured worker has been utilizing this medication in the long-term which is against the recommendations of evidence-based guidelines. Moreover, there are no indications that non-pharmacologic treatments including sleep hygiene and psychological interventions (including cognitive behavioral therapy) have been tried and failed. Therefore, the medical necessity of the requested Ambien 10mg 1 tab #30 with one refill is not established.

Cymbalta 60mg 1 tab p.o. q. h. s. # 30 with refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Cymbalta (duloxetine) is indicated for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also recommended as an option in first-line treatment of neuropathic pain especially if tricyclics are ineffective, poorly tolerated or contraindicated. Also, there is no high quality evidence reported to support the use of Cymbalta for lumbar radiculopathy. In this case, there is no indication that tricyclics have been initially tried and was rendered ineffective, poorly tolerated, or contraindicated. Also, the injured worker does not meet any of the aforementioned indications for this medication. Furthermore, the injury worker exhibits probable signs of lumbar radiculopathy as straight leg raising test was noted to be positive bilaterally. With the absence of evidence of tricyclics have been tried and failed, lack of exhibition of any of the indications, and with signs of possible lumbar radiculopathy, the medical necessity of the requested Cymbalta 60mg #30 with three refills is not established.

Omeprazole 20mg 1 tab p.o.q.d. # 30 with 2 refills: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, an injured worker should be determined if he or she is determined to be at risk for gastrointestinal related events secondary to nonsteroidal anti-inflammatory drugs intake. In this case, the injured worker is not taking nonsteroidal anti-inflammatory drugs and the records do not indicate any gastrointestinal-related complaints. Therefore, the medical necessity of the requested omeprazole 20mg #30 with two refills is not established.