

Case Number:	CM14-0151236		
Date Assigned:	09/19/2014	Date of Injury:	05/03/2000
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
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 Internal Medicine, has a subspecialty in Nephrology 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:

This 68 year old patient had a date of injury on 5/3/2000 . The mechanism of injury was not noted. In a progress noted dated 8/21/2014, the patient complains of lumbar spine pain, which is 8/10 on pain scale. She notes that the pain has remain unchanged since last visit, and she still complains of constant severe lumbar spine pain radiating to bilateral lower extremities with numbness and tingling sensation. On a physical exam dated 8/21/2014, there is tenderness at sit of trigger point injections. The patient is currently on Norco 10/325 #120, as well as MS contin 30mg 1TID and MS contin 15mg 1TID. The diagnostic impression shows lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. Treatment to date: medication therapy, behavioral modification, trigger point injectionsA UR decision dated 9/11/2014 denied the request for MS contin 30mg #90, modifying it to #32, stating that there were no specific documented functional improvements available, and that a weaning program was previously began on 7/23/2014 to #45. MS contin 15mg #90 was denied, modifying it to #63, stating that there was no documented functional improvement noted, and tapering is indicated. Omeprazole 20mg #30 was denied, stating there was no gastrointestinal complications or prescribed NSAIDs. Ambien 10mg #30 was denied, stating that there was no subjective/objective findings of sleeping difficulties, and long term use is not recommended.

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, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 8/21/2014 progress report, there was no objective evidence of functional improvement noted from the opioid regimen. Furthermore, this patient is also on MS Contin 15mg 1tid, as well as Norco 10/325 1qid, which equates to a morphine equivalent dose of 175. An MED greater than 120 puts the patient at risk for opioid toxicity. Symptoms such as respiratory depression and death can occur. Therefore, the request for MS Contin 30mg #90 is not medically necessary.

MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 8/21/2014 progress report, there was no objective evidence of functional improvement noted from the opioid regimen. Furthermore, this patient is also on MS Contin 30mg 1tid, as well as Norco 10/325 1qid, which equates to a morphine equivalent dose of 175. An MED greater than 120 puts the patient at risk for opioid toxicity. Symptoms such as respiratory depression and death can occur. Therefore, the request for MS Contin 15mg #90 is not medically necessary.

Omeprazole 20mg #30: 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 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the 8/21/2014 progress report, there was no evidence that this patient suffered from gastrointestinal events or was taking an NSAID. Therefore, the request for Omeprazole 20mg #30 was 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, 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

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the 8/21/2014 progress report, there was no evidence this patient suffered from insomnia. Furthermore, guidelines do not support long term use, and in the documentation provided, this patient has been on Ambien since at least 6/26/2014. Therefore, the request for Ambien 10mg #30 was not medically necessary.