

Case Number:	CM14-0152700		
Date Assigned:	09/22/2014	Date of Injury:	04/07/2006
Decision Date:	10/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 40 year old female who was injured on April 7 2006. The mechanism of injury is unknown. Her medication history included facet and epidural blocks, Ambien, Prilosec and Ultracet. She has been treated conservatively with physical therapy, orthotics posting and transcutaneous interferential unit and spinal cord stimulator trial. The patient underwent tarsal tunnel release in January 2013 and left foot tarsal tunnel release in 2009. Progress report dated 8/26/2014 indicates the patient stated that she felt Ambien was helpful, as her pain has disturbed her sleep. She continued to use Prilosec for her GERD symptoms cause by her chronic pain. She requested pain medication for her breakthrough pain during the day. Objective findings during examination revealed minimal left foot hyperalgesia. Her range of motion is intact. There is dysesthesia to pin wheel testing. She reported intermittent discoloration and swelling. Her gait was improved. There was pain to palpation over the lumbar musculature with muscle rigidity noted and mild decreased range of motion. The patient was diagnosed with status post left tarsal tunnel release x2 with residuals; left foot complex regional pain syndrome following crush injury; failed spinal cord stimulation trial; secondary lumbar sprain/strain disorder; and chronic pain disorder. The patient was recommended Prilosec 20 mg for GERD; Ambien 10mg for sleep disorder; Ultracet 37.5/325 mg for severe breakthrough pain; and interferential/TENS unit for the left foot and lumbar spine. Prior utilization review dated August 26, 2014 indicated the requests for Prilosec 20mg quantity not specified; Ambien 10mg quantity not specified; Ultracet 37.5/325mg quantity not specified; purchase of Interferential/TENS unit for the left foot and lumbar spine; urine drug screen dispensed 8/15/14 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg. QTY. not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The guidelines recommend PPI therapy for patients at risk for GI complications on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. The clinical notes document the patient has GERD and takes Prilosec as needed for symptoms. However, the notes did not clearly discuss if the patient has good control of her symptoms from Prilosec. Further, there was no quantity specified. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Ambien 10mg. QTY. not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The guidelines recommend Ambien as an option for short-term therapy of insomnia. It is generally recommended that Ambien be used after a trial of conservative care. The most recent data suggests that the use of sleep aid medications have numerous side effects and are over prescribed. The patient has been on Ambien for an unknown period of time but appears to be longer than the recommended guidelines. The clinical documents did not discuss the patient's insomnia in sufficient detail. It is not clear if the patient has tried and failed conservative management of the insomnia. The request did not include a quantity of pills for the Ambien. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Ultracet 37.5/325mg. QTY not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved activities of daily living (ADLs)/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should

be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse. The clinical documents provided did not show the patient has a significant improvement in analgesia with improved level of functioning and ADLs. Some of the clinical documents are handwritten and illegible. The request does not state a quantity or frequency. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Purchase of Interferential/TENS (Transcutaneous Electrical Nerve Stimulation) unit for the left foot and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-117.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the injured worker has had a failure of other modalities including medication. The patient did have a trial with TENS unit previously but this was two years ago and clinical benefit was not adequately discussed. It is unclear if the TENS unit will be used in conjunction with a functional restoration program. Given the above, the request for TENS Unit is not medically necessary.

Urine Drug Screen. Dispensed 8/15/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the patient's history of aberrant behavior or risk for substance abuse. The notes did not discuss when the patient's previous UDS was and what the results were at that time. It is unclear why a UDS is being ordered at this time from the notes provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.