

Case Number:	CM14-0027406		
Date Assigned:	06/13/2014	Date of Injury:	02/20/2012
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 y/o female, DOI 2/20/12. As an aspect of the claim for cumulative injury she has developed a widespread chronic pain syndrome with complaints of discomfort affecting the neck, shoulders, wrists, low back and knees. Her diagnosis have included carpal tunnel syndrome, bilateral shoulder impingement and internal derangement of the knees. She recently completed 8 sessions of physical therapy which were all attended, but there was little change in reported discomfort or functional activities. Medications are office dispensed by the treating physician, but there is no documentation of the monitoring for benefits, use patterns, or side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids initiation/continuation Page(s): 76, 78.

Decision rationale: The patient may very well benefit from the appropriate use of pain medications, but the treating physician does not provide adequate documentation to recommend

a long term course of opioid medications. Per MTUS chronic pain guidelines there should be pre-use screening for misuse potential, there should be monitoring of use patterns and clear documentation of benefits. None of this is apparent in the records. In addition, with the widespread myofascial pain complaints it is not clear if opioids would be as effective of other alternative analgesics for chronic pain syndromes, but nothing is documented in this regards. At this time, the treating physician does not provide enough information to conclude that long term opioids are medically necessary.

PROTONIX 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation none.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI risks Page(s): 68.

Decision rationale: Again, the treating physician does not provide adequate information to conclude that the dispensed medication is medically necessary. There are no specifics regarding the cause and symptoms of any GI problems. These are not benign medications long term and have been shown to cause increased hip fractures, increased pulmonary infections and dysregulation of biological metal metabolism. Prior to long term use there should be adequate documentation of risks vs benefits. At this time, there is inadequate documentation to consider long term PPIs (protonix) as medically necessary.

AMBIEN 5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 acute and chronic, Zolpidem.

Decision rationale: MTUS chronic pain guidelines do not address this medication in much detail. However, ODG guidelines do address this medication in great detail. Long term use is generally not recommended and the treating physician does not provide any rationale to support an exception to this recommendation. There is no reporting of use patterns or benefits. There is also no discussion regarding the rationale of choosing this medication (ambien) vs. other medications that can assist sleep disorders associated with chronic pain. Consistent with the other medications reviewed, the dispensing/treating physician does not provide enough information to consider this as medically necessary on a long term basis.