MAXIMUS Federal Services

Case Number:	CM14-0027660		
Date Assigned:	06/13/2014	Date of Injury:	07/05/2007
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is July 5, 2007. The patient's primary diagnosis is lumbosacral neuritis. The patient was initially injured when helping a client move from a recliner to a shower chair. No clinical information can be found in the medical record to support this treatment plan. Multiple PR-2 reports, including from July 19, 2013, January 10, and February 21, 2014, are handwritten and partially legible. These notes discuss the diagnoses of cervical sprain, upper brachial plexopathy, and lumbar radiculopathy. These notes indicate that the patient has had tenderness with decreased motion in the lumbar spine and discussed treatment plans including Percocet, soma, topical Terocin, topical flurbiprofen, Somnicin, and Laxacin. An initial physician review noted that no documentation was presented for dates of service near the time of the retrospective request under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, SIXTY COUNT, PROVIDED ON MAY 20, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the clinician should identify risk factors for gastrointestinal events when considering prophylaxis such as with omeprazole. The medical records do not contain such documentation of rationale or indication for gastrointestinal prophylaxis. The request for Omeprazole 20mg, sixty count, provided on May 20, 2012, is not medically necessary or appropriate.

ZOLPIDEM TAR 5MG, THIRTY COUNT, PROVIDED ON APRIL 11, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

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

Decision rationale: The ODG discusses insomnia treatment and recommends Zolpidem for use up to ten days. The records and the treatment guidelines do not provide an alternate rationale for extended use of this medication. Overall the records and guidelines do not support indication for the requested use of Zolpidem. The request for Zolpidem Tar 5mg, thirty count, provided on April 11, 2012, is not medically necessary or appropriate.

RESTONE 3/100MG, THIRTY COUNT, PROVIDED ON MAY 20, 2012: Upheld

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

Decision rationale: The medical records do not clearly provide clarification as to the ingredients in this medication. This medication appears to be a combination of melatonin and tryptophan used largely for sleep, although there is very limited clinical information available at this time in this patient's notes. The Official Disability Guidelines state regarding insomnia treatment that pharmacological agents should be used only after careful evaluation of potential causes of sleep disturbance. Tryptophan can be considered to be a medical food at times. The Official Disability Guidelines discusses medical foods and states that for medical food to be indicated, the product should be labeled for dietary management of a specific medical disorder or disease or condition with distinctive nutritional requirements. None of these criteria have been met in this case. The medical records do not support an indication for this request. The request for Restone 3/100mg, thirty count, provided on May 20, 2012, is not medically necessary or appropriate.

NAPROXEN SOD 550MG, 100 COUNT, PROVIDED ON MAY 10, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that anti-inflammatories are the traditional first-line of treatment, but long-term use may not be warranted. The medical records do not contain any discussion of indications or risks versus benefits to support the use of naproxen long term. The guidelines have not been met. The request for Naproxen SOD 550mg, 100 count, provided on May 10, 2012, is not medically necessary or appropriate.

OMEPRAZOLE 20MG, SIXTY COUNT, PROVIDED ON APRIL 11, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the clinician should identify risk factors for gastrointestinal events when considering prophylaxis such as with omeprazole. The medical records do not contain such documentation of rationale or indication for gastrointestinal prophylaxis. The request for Omeprazole 20mg, sixty count, provided on April 11, 2012, is not medically necessary or appropriate.