

Case Number:	CM14-0029756		
Date Assigned:	06/16/2014	Date of Injury:	09/23/1999
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 claimant is a 59-year-old male with a 9/23/99 date of injury. At the time (2/6/14) of request for authorization for 1 prescription of Ambien DAW 10mg #90, 1 prescription of Arthrotec 50mg #90, and 1 prescription of Miralax 17g #1, there is documentation of subjective (chronic neck, low back, bilateral hip, and bilateral knee pain with numbness and tingling in the feet and arms; depression, anxiety, and sleep disturbance) and objective (diffuse tenderness to palpation over the lumbar spine with limited range of motion and hyperesthesia in the feet) findings, current diagnoses (chronic pain to low back, right hip, lower extremity, and neck), imaging findings (x-rays of bilateral hips revealed moderate to marked degenerative joint disease and MRI of the lumbar spine (9/23/11) revealed moderately severe degenerative disk disease at L4-5 and L5-S1), treatment to date (medications (Ambien, Arthrotec, Pepcid, aspirin, and Miralax since at least 8/8/13)). Regarding 1 prescription of Ambien DAW 10mg #90, there is no documentation of short-term (less than two to six weeks) treatment of insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Regarding 1 prescription of Arthrotec 50mg #90, there is no documentation of a high risk for developing NSAID-induced gastric or duodenal ulcers and their complications; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Arthrotec. Regarding 1 prescription of Miralax 17g #1, there is no documentation of occasional constipation and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF AMBIEN DAW 10MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Zolpidem.

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

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain to low back, right hip, lower extremity, and neck. In addition, there is documentation of sleep disturbance. However, given documentation of ongoing treatment with Ambien since at least 8/8/13, there is no documentation of short-term (less than two to six weeks) treatment of insomnia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Ambien DAW 10mg #90 is not medically necessary.

1 PRESCRIPTION OF ARTHROTEC 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-71.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies Arthrotec as a combination of NSAID/GI protectant (diclofenac/misoprostol). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications, as criteria necessary to support the medical necessity of Arthrotec. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain to low back, right hip, lower extremity, and neck. In addition, given documentation of chronic pain with severe degenerative joint and disk disease, there is documentation of signs and symptoms of

osteoarthritis. However, despite documentation of ongoing treatment with aspirin, and given documentation of ongoing treatment with Pepcid, there is no documentation of a high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. In addition, given documentation of ongoing treatment with Arthrotec since at least 8/8/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Arthrotec. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Arthrotec 50mg #90 is not medically necessary.

1 PRESCRIPTION OF MIRALAX 17G #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, et al. Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-17116-Miralax+Oral.aspx?drugid=17116&>.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies Miralax as an osmotic-type laxative used to treat occasional constipation. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain to low back, right hip, lower extremity, and neck. However, there is no documentation of occasional constipation. In addition, given documentation of ongoing treatment with Miralax since at least 8/8/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Miralax. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Miralax 17g #1 is not medically necessary.