

Case Number:	CM14-0030622		
Date Assigned:	06/20/2014	Date of Injury:	11/19/2004
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Interventional Spine 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 51 year old with an injury date on 11/19/04. Based on the 2/26/14 progress report provided by [REDACTED] the diagnoses are: 1. Abdominal pain. 2. Shoulder joint pain. 3. Cervical spine strain. 4. Cervicalgia. Exam on 2/26/14 showed "patient has arrhythmia; C-spine flexion is mildly restricted; spurling's test negative bilaterally; shoulder has normal range of motion, except right shoulder is limited and bilateral shoulder pain when doing range of motion exercise, tight tender muscles in lower/mid back; sensory: left arm has allodynia in lateral aspect; otherwise intact to light touch, vibration, temperature in upper/lower extremities." [REDACTED] is requesting Ambien CR 12.5mg #30, Tramadol HCL 50mg #120 with 3 refills, Omeprazole 20mg #60 with 3 refills. The utilization review determination being challenged is dated 3/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/24/13to 2/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, for Ambien states: 2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien).

Decision rationale: This patient presents with fatigue, chest pain, abdominal pain, muscle weakness, and constipation. The treater has asked Ambien CR 12.5mg #30 on 2/26/14. Patient is taking Ambien as of 12/30/13 and 1/27/14 reports. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. In this case, patient has been taking Ambien since 12/30/13, and the treater has written prescription for #30, a month supply. ODG only supports it for 7-10 days, short-term. The request is not medically necessary.

Tramadol HCL 50mg # 120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; OPIOIDS; OPIOIDS FOR NEUROPATHIC PAIN Page(s): 113; 93-94; 82.

Decision rationale: This patient presents with fatigue, chest pain, abdominal pain, muscle weakness, and constipation. The treater has asked Tramadol HCL 50mg #120 with 3 refills on 2/26/14. Patient is not currently taking Tramadol according to 1/27/14 report. Tramadol is helping pain in 2/26/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Tramadol. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

Omeprazole 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: This patient presents with fatigue, chest pain, abdominal pain, muscle weakness, and constipation. The treater has asked Omeprazole 20mg #60 with 3 refills on 2/26/14. Patient likely has sinus arrhythmia which is a normal variation per 1/21/10 cardiology report in 11/7/13 AME. Patient is taking Omeprazole as of 11/24/13 report, and "patient has pain every time she takes pain meds." As of 2/26/14, patient is taking Tramadol, Ambien, and Gabapentin. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. In this case, patient has been taking

Omeprazole for 4 months and the patient is not taking any NSAIDs. There is no documentation of other GI symptoms. The request is not medically necessary.