

Case Number:	CM14-0034976		
Date Assigned:	06/23/2014	Date of Injury:	12/24/2011
Decision Date:	09/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio 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 injured worker is a 50-year-old female who reported an injury on 12/24/2011 who sustained injuries to her neck, left shoulder, and left knee. The injured worker's treatment history included cortisone injections, MRI studies, x-rays, physical therapy, and medications. The injured worker was evaluated on 01/20/2014 and it is documented the injured worker complained of continued pain and stiffness to the cervical spine, left shoulder, and left knee. Physical examination of the left shoulder revealed that there was well-healed surgical scarring. There was tenderness to palpation over the anterolateral and posterosuperior aspects. The impingement test was positive and drop-arm test remained equivocal on the left. The range of motion of the left shoulder was limited, with flexion to 145 degrees, extension to 20 degrees, abduction to 130 degrees, adduction to 15 degrees, internal rotation to 45 degrees, and external rotation to 55 degrees. The injured worker had a metallic anchor in the left shoulder that prohibits magnetic resonance imaging scan. Examination of the left knee showed that there was tenderness to palpation over the medial and lateral joint lines. There was pain to varus and valgus stressing, but no gross instability noted. The McMurray's test was positive on the left. The range of motion of the left knee was limited, with flexion to 110 degrees and extension to 5 degrees. The injured worker's diagnosis included left knee sprain/strain and status post left shoulder arthroscopy. Medications included Ultram, Anaprox, Ambien, and Axid. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Naproxen be used, as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Anaprox for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request for Naproxen did not include the frequency, duration or dosage. Given the above, the request for the Anaprox is not medically necessary

Ambien: 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) Pain.

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

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency, quantity or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.

Axid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/11563996>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Axid is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency, duration and quantity of medication on the request that was submitted. Their lack of documentation of conservative care measures such as, home exercise regimen and the provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Axid is not medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93,94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. There was no urine drug screen submitted for opioid compliance. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.