

Case Number:	CM14-0036185		
Date Assigned:	06/25/2014	Date of Injury:	08/18/1999
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery, 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 injured worker is a 50 year-old female was reportedly injured on August 18, 1999. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 31, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities and low back pain. The physical examination demonstrated limited cervical spine range of motion and a positive Spurling's test. There was weakness and decreased sensation in the upper extremities although it is not stated where. There was also tenderness along the thoracolumbar spine with decreased lumbar range of motion. Toradol and a vitamin B12 injection were given. Ambien, Xanax, Voltaren gel, Norco, Nexium, and Lidoderm were prescribed. A urine drug test was also performed. A request had been made for Ambien, Xanax, Voltaren gel, and Lidoderm patches and was not certified in the pre-authorization process on March 6, 2014,

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Zolpidem.

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, Updated July 10, 2014.

Decision rationale: According to the progress note dated January 31, 2014, the prescriber recommended the use of Ambien and cited the Official Disability Guidelines but does not state how those guidelines apply to this particular patient. There is no stated sleeping difficulty or insomnia in the note dated January 31, 2014, let alone its relationship to the compensable injury. For these reasons this request for Ambien is not medically necessary.

VOLTAREN GEL # 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111.

Decision rationale: According to the progress note dated January 31, 2014, the prescriber recommended the use of Voltaren gel and cited the Chronic Pain Medical Treatment Guidelines but does not state how those guidelines apply to this particular patient. Topical analgesics such as Voltaren gel are indicated as a second line option after failure of antidepressants or anticonvulsants have failed. There is no mention in the attached medical record that these first-line agents have failed to help the injured employee's neuropathic symptoms. For these reasons this request for Voltaren gel is not medically necessary.

LIDODERM PATCH 5% # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111.

Decision rationale: According to the progress note dated January 31, 2014, the prescriber recommended the use of Lidoderm patches and cited the Chronic Pain Medical Treatment Guidelines but does not state how those guidelines apply to this particular patient. Topical analgesics such as Lidoderm patches are indicated as a second line option after failure of antidepressants or anticonvulsants have failed. There is no mention in the attached medical record that these first-line agents have failed to help the injured employee's neuropathic symptoms. For these reasons this request for Lidoderm patches is not medically necessary.

NEXIUM 20 MG # 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 68.

Decision rationale: According to the progress note dated January 31, 2014, the prescriber recommended the use of Nexium and cited the Chronic Pain Medical Treatment Guidelines but does not state how those guidelines apply to this particular patient. Nexium is a proton pump inhibitor indicated for use for patients taking a nonselective NSAID with risk for gastrointestinal events and no cardiovascular disease. The progress note on July 31, 2014, states that there has been long-term use of Norco that has caused the injured employee G.I. upset. Norco is an opioid medication not an NSAID. This request for Nexium is not medically necessary.