

Case Number:	CM14-0038797		
Date Assigned:	06/27/2014	Date of Injury:	01/15/2013
Decision Date:	08/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Medicine and is licensed to practice in California and Nevada. 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 49 year old male who sustained an injury on 01/15/13. No specific mechanism of injury was noted in the documents reviewed. The injured worker was followed for complaints of severe low back pain and left shoulder pain. The injured worker had prior lumbar decompression and was recommended for further surgical intervention in 12/13. The injured worker was being followed by pain management and prescribed multiple medications including hydrocodone ibuprofen and Ambien. Clinical record from 01/29/14 noted pain was 8-9/10 on the visual analog scale (VAS). The injured worker had difficulty walking more than one or two blocks before he developed pain and swelling sensation in the lower extremities. On physical examination the injured worker had loss of sensation in L5-S1 distribution to the right with associated weakness on right foot dorsiflexion and toe extension. The injured worker had continued difficulty performing heel and toe walking. The injured worker was pending an agreed medical evaluation at this visit. Medications were continued pending surgical intervention. Hydrocodone was continued at 10/325mg every six to eight hours for pain. The injured worker was prescribed Zolpidem to be utilized once daily for sleep. Follow up on 02/26/14 noted continuing pain 7-8/10 on VAS in low back radiating to the right lower extremity. Physical examination findings were unchanged at this visit. At this visit the injured worker was utilizing tramadol and hydrocodone for pain. The injured worker continued to utilize Ambien and omeprazole. There was still pending surgical there was still a surgery pending approve for the injured worker. Norco caused some gastrointestinal side effects for which omeprazole was being utilized. Follow up on 03/26/14 noted continuing complaints of low back pain radiating to the right lower extremity and left shoulder pain. The injured worker reported improvement in symptoms with hydrocodone Tylenol Zolpidem and omeprazole. Physical examination noted loss of range of motion in the right and the left shoulder with

positive impingement signs. No change in the injured worker findings for lumbar spine were noted. The injured worker was continually recommended for surgical intervention which was pending authorization. Medications were refilled at this visit. The retrospective prescription for hydrocodone 10/325mg #60 prescribed 02/26/14 and omeprazole 20mg #100 tramadol 37.5/325mg #100 and Ambien 10mg #30 were denied by utilization review on 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone/Apap 10/325mg, QTY: 60 prescribed on 2-26-14:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the retrospective use of hydrocodone 10/325mg quantity 60 prescribed on 02/26/14, this reviewer would have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker reported improvement with hydrocodone. This medication was this injured worker was compliant with this medication based on positive urine drug screen results. No aberrant medication use was identified in the clinical records. Given that the injured worker was continually recommended for surgical intervention for the lumbar spine this reviewer would not have recommended changes to the medications regarding pain management given the active surgical request. Therefore this reviewer would have recommended this request as medically necessary.

Retrospective request for Omeprazole 20mg, QTY: 100 prescribed on 2-26-14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

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

Decision rationale: In regards to the retrospective use omeprazole 20mg quantity 100 prescribed on 02/26/14, this reviewer would have recommended this request as medically necessary. The injured worker had gastric upset with the use of Norco. The injured worker was also utilizing anti-inflammatories including ibuprofen which only further which only increased the risk factors for gastrointestinal side effects. Given the known gastrointestinal upset with hydrocodone and concurrent use of anti-inflammatory this reviewer would have recommended this medication as medically necessary.

Retrospective request for Tramadol/Apap 37.5/325mg, QTY: 100 prescribed on 2-26-14:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use, page(s) 88-89 Page(s): 88-89.

Decision rationale: In regards to the retrospective use of Tramadol 37.5/325mg quantity 100 prescribed on 02/26/14, this reviewer would have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker reported improvement with Tramadol. The injured worker was compliant with this medication based on positive urine drug screen results. No aberrant medication use was identified in the clinical records. Given that the injured worker was continually recommended for surgical intervention for the lumbar spine this reviewer would not have recommended changes to the medications regarding pain management given the active surgical request. Therefore this reviewer would have recommended this request as medically necessary.

Retrospective request for Ambien 10mg, QTY: 30 prescribed on 2-26-14: 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 Chapter.

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

Decision rationale: In regards to the use of Ambien 10 quantity 30 prescribed on 02/26/14, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, this reviewer would not have recommended this request as medically necessary.