

Case Number:	CM14-0039365		
Date Assigned:	06/27/2014	Date of Injury:	06/13/2001
Decision Date:	08/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 62-year-old male with a reported date of injury on 06/13/2001. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to be lumbar/lumbosacral disc degeneration and joint pain to the shoulder. His previous treatments were noted to include medications and the HELP program. His medications were noted to include Hydrocodone/Acetaminophen 7.5/500 mg, one twice a day as needed for pain; Naproxen 500 mg, one twice a day as needed; Omeprazole 20 mg DR, one daily; and Zolpidem Tartrate 10 mg, one at bedtime. The progress note dated 05/14/2014 revealed the injured worker reported analgesia for medication consumption, increased activities of daily living derived from medication use, denied any adverse effects, and the injured worker review showed no evidence of aberrant drug-taking behaviors. The physical examination was not submitted within the medical records. The provider indicated the injured worker's urine drug testing was in conformance with the HELP risk stratification procedure on 02/05/2014. The provider indicated a controlled substance utilization review and evaluation System (CURES) report dated 05/14/2014 showed no alternative prescribers/nonrecurring prescriptions that were previously undisclosed. The Request for Authorization form was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg DR 1 x per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk, page 68 Page(s): 68.

Decision rationale: The request for omeprazole is not medically necessary. The injured worker has been utilizing this medication since 05/2013. The California Chronic Pain Medical Treatment Guidelines state the physician should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding the efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency and dosage of this medication to be utilized. Therefore, the request is not medically necessary and appropriate.

Naproxen 500mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, 67-68 Page(s): 67-68.

Decision rationale: The request for naproxen is not medically necessary. The injured worker has been utilizing this medication since at least 05/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain for osteoarthritis. The guidelines recommend NSAIDs as a second-line treatment and after acetaminophen for acute exacerbations of chronic pain. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain. A review of the literature on direct relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) and with neuropathic pain. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the dosage and frequency of this medication to be utilized. Therefore, the request is not medically necessary and appropriate.

Zolpidem Tartrate (Ambien) 10 mg, one at bedtime: Upheld

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

Decision rationale: The request for Zolpidem 10mg x 1 at bedtime is not medically necessary. The injured worker has been utilizing this medication since at least 05/2013. The Official Disability Guidelines state Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. 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 they may increase pain and depression over the long-term. There is a lack of documentation regarding sleep quality, duration of sleep, length of time it takes to fall asleep, and the efficacy of this medication. Additionally, the request failed to provide the frequency and dosage of this medication to be utilized. Therefore, the request for Zolpidem is not medically necessary. is not medically necessary.

Hydrocodone/Acetaminophen (Norco) 7.5/500 mg, one twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.

Decision rationale: The request for Norco is not medically necessary. The injured worker has been utilizing this medication since at least 05/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of the medications. The documentation provided indicated the injured worker had increased activities of daily living derived from medication use, denied any adverse effects, and showed no evidence of aberrant drug-taking behaviors. A urine drug screen performed 02/05/2014 revealed conformance with the HELP risk stratification procedure according to the provider. The provider also performed a controlled substance utilization review and evaluation system CURES report dated 05/14/2014 which showed no alternative prescribers/nonrecurring prescriptions that were previously undisclosed. Therefore, due to the lack of documentation regarding evidence of significant pain relief on a numerical scale and the request failed to provide the dosage and frequency of the medication to be utilized, the ongoing use of opioid medications is not supported by the guidelines. As such, the request for Norco is not medically necessary and appropriate.