MAXIMUS Federal Services

Case Number:	CM14-0042969		
Date Assigned:	07/02/2014	Date of Injury:	02/18/2014
Decision Date:	08/19/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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 68-year-old female who has submitted a claim for status post cervical fusion, right C6 radiculopathy, worsening right ulnar neuropathy, and solid cervical fusion associated with an industrial injury date of February 18, 2004. Medical records from 2013-2014 were reviewed. The patient complained of neck pain. There was associated arm and right elbow pain along the ulnar nerve distribution. Physical examination showed spasm, pain, and decreased range of motion of the cervical spine. Facet tenderness was also noted. There was decreased sensation on the left at C5-C7. There was tenderness on the cervicotrapezial ridge. Right wrist tenderness at the CMC joint, right thumb was also noted. MRI of the cervical spine dated December 2, 2013, revealed post-surgical changes at C5-C7 consistent with anterior surgical spinal fusion, disc desiccation at C2-C3 down to C7-T1 with associated loss of disc height at C5-C6 and C6-C7, focal central disc protrusion which causes stenosis of the spinal canal at C2-C3, focal disc protrusion which abuts the anterior aspect of the spinal canal on C3-C4, and broad-based disc protrusion with concurrent bilateral uncovertebral joint degenerative change on C4-C5, C5-C6 and C6-C7. Treatment to date has included medications, TENS unit, home exercise program, activity modification, and cervical spine fusion. Utilization review determination dated March 31, 2014, modified the request for Prilosec 20mg #60 to Prilosec 20mg #30 in order to comply with referenced guideline once daily dosage recommendations. The request for Restoril 30mg #30 was denied because there was no documentation of current sleep disturbance and results of sleep behavior modification attempts or documentation of failed trials of other guideline-supported treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

Decision rationale: Prilosec is a brand name for the proton pump inhibitor Omeprazole. According to page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, it is not clear as to when the patient initially started taking Prilosec. The patient is concurrently taking Motrin, which is a type of NSAID. A progress report dated February 25, 2014 states that without Prilosec, the patient will develop an ulcer. However, no subjective or objective evidence of gastrointestinal distress was present in the documentation. It was not indicated if the patient was at high risk for gastrointestinal events or any gastrointestinal disorder. Therefore, the request for Prilosec 20MG #60 is not medically necessary.

Restoril 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been on Restoril since at least December 2013 for sleep. This medication is not recommended for long-term use. In addition, there was no documentation on the submitted medical records regarding sleep hygiene. Functional benefits from its use were not discussed. The medical necessity has not been established. Therefore, the request for Restoril 30MG #30 is not medically necessary.