

Case Number:	CM14-0043422		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2009
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 09/08/2009. The mechanism of injury was not provided. On 03/18/2014, the injured worker presented with pain all over his body from head to toe. Upon examination of the cervical spine, there was midline scar present posteriorly, and range of motion was painful. Upon examination of the lumbar spine, there is diffuse tenderness along the lower spine, right greater than left, and painful and reduced range of motion. There was a positive facet joint loading bilaterally. There was diffuse symmetrical weakness in the bilateral upper extremities to manual muscle testing, and reduced bilateral ankle distribution right greater than left in the arms and hands to pinprick and light touch. There was also a slow and antalgic gait. The diagnoses were lumbar disc displacement, lumbar disc degeneration, cervical spondylosis without myelopathy, cervical disc degeneration, post laminectomy syndrome of the cervical spine, lumbosacral spondylosis, cervical spinal stenosis, lumbago, cervical disc displacement, and general osteoarthritis. Current medications included Ambien, Lyrica, omeprazole, duloxetine, and Senexon. The provider recommended methadone, omeprazole, and Ambien. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 5MG #90, 1PO TID, 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, page(s) 61 Page(s): 61..

Decision rationale: The request for methadone 5 mg with a quantity of 90, 1 by mouth 3 times a day with 1 refill is not medically necessary. The California MTUS recommend methadone as a second-line drug for moderate to severe pain, if the potential benefits outweigh the risks. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears in part secondary to the long half-life of the drug, 8 to 59 hours; pain relief, on the other hand, only lasts for 4 to 8 hours. There was a lack of information on if methadone is a continued or new prescription medication; it was not indicated on the updated medication list. Additionally, a complete and adequate pain assessment was not provided for the injured worker. As such, the request is not medically necessary.

OMEPRAZOLE 10MG, DELAYED RELEASE, #30, 1 PO DAILY, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

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

Decision rationale: The request for omeprazole 10 gm, delayed release with a quantity of 30, 1 by mouth daily and 1 refill, is not medically necessary. According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy, or for those taking NSAID medications that are at moderate to high risk of gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation. For omeprazole, additionally, the injured worker is not at a moderate to high risk for gastrointestinal events. The injured worker has been prescribed omeprazole since at least 03/2014. The efficacy of the medication was not provided. As such, the request is not medically necessary.

AMBIEN 10MG #30, 1 PO NIGHTLY, 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The request for Ambien 10 mg, with a quantity of 30, 1 by mouth nightly and 1 refill is not medically necessary. The Official Disability Guidelines state Ambien is a prescription short-acting non-benzodiazepine hypnotic which is approved for short term, nearly 2 to 4 week treatment of insomnia. Proper sleep hygiene is critical to the injured worker with

chronic pain and often hard to obtain. There are medications that may provide-short term benefit. They can be habit-forming, and may impair function and memory more than opiate pain relievers .There is also concern that the knee increased pain and depression over the long t arm. The injured worker has been prescribed Ambien since at least 03/2014. The efficacy of the medication was not provided. Additionally, the guidelines recommend Ambien for short-term treatment, and the provider's request for Ambien 10 mg with a quantity of 30 exceeds the guideline recommendations of short-term therapy. As such, the request is not medically necessary.