

Case Number:	CM14-0049535		
Date Assigned:	08/06/2014	Date of Injury:	05/16/2004
Decision Date:	09/15/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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:

This is a 48-year-old male with a 6/16/04 date of injury. The mechanism of injury was not noted. According to a 2/12/14 progress report, the patient complained of lower back pain with occasional radiation to the left hip, posterior thigh, calf and foot; headaches, usually two to three times per week; neck pain with radiation to the scapula and upper arm; right foot and ankle pain; bilateral wrist and hand numbness and tingling; anxiety and depression; history of gastrointestinal upset. Objective findings: slight paralumbar muscle tenderness and slight to moderate muscle spasms, slight tenderness noted of the ulnar aspect of the wrist on the right side, mild tenderness of the acromioclavicular region, paracervical muscles showed mild spasm on the left side, right knee shows slight tenderness over the medial patellar region. Diagnostic impression: status post closed head injury with post traumatic headaches and concentration difficulty as well as neurologic psyche symptoms with anxiety and depression, cervical strain with bilateral radicular symptoms, lumbar strain with left lumbar radiculopathy symptoms and signs, right knee strain, right foot/ankle fracture, bilateral shoulder strain, recurrent gastrointestinal bleed, anxiety and depression and insomnia due to chronic pain. Treatment to date includes medication management, activity modification, physical therapy, and surgery. A UR decision dated 3/5/14 modified the requests for Norco to 108 tablets and Ambien CR to 20 tablets for weaning purposes. The request for Prilosec 20 mg 2-4x a day was modified to 30 tablets for once a day use. The requests for Imitrex, Lidoderm patch, and supplies for Ortho-Stim unit were denied. Regarding Norco, there is no documentation that the chronic use of Norco results in any objective functional benefit or increases activity levels or makes any progress toward returning to work. There may also be a component of medication overuse headache. Regarding Ambien CR, use of this medication has been chronic and MTUS guidelines do not support chronic use of Ambien. Regarding Prilosec, there is no current indication that there is

any active upper gastrointestinal illness or symptoms. However, prophylactic use is supported as the patient is aware of the potential risks from chronic use. Omeprazole is indicated at a dose of 20 mg daily and may be considered medically necessary for once a day use. Regarding Imitrex, there is no mention that the headaches are secondary to migraines and there is no mention whether or not the Imitrex aborts the headache. Regarding Lidoderm patch, there is no documentation of the actual frequency use or objective benefits derived from use of the patches. Regarding supplies for Ortho-Stim unit, there is no indication of use of the Ortho-Stim device resultant objective functional benefit to increase physical activity, activities of daily living, or a reduction in medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg (Quantity not Specified) QID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the quantity was not noted in this request. Therefore, the request for Norco 7.5/325 mg (Quantity not specified) is not medically necessary.

Imitrex 100 mg (Quantity not Specified), QD, prn: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GlaxoSmithKline - Manufacturer.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sumatriptan).

Decision rationale: The California MTUS and Official Disability Guidelines do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. There is documentation that the patient suffers from headaches two to three times a week. However, there is no documentation that the patient suffers from migraine headaches. In addition, there is no documentation that Imitrex improves

the patient's condition. Furthermore, the quantity was not noted in this request. Therefore, the request for Imitrex 100 mg (Quantity not Specified), Sig: QD, prn is not medically necessary.

Ambien CR 12.5 mg (Quantity not Specified) QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of Insomnia. Decision based on Non-MTUS Citation Official Disability Guidelines Online Version (ODG) Pain, Insomnia.

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 - Ambien, Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. It is unknown how long the patient has been utilizing Ambien. However, it is documented in a progress report dated 2/12/14 that the patient is to continue Ambien. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed the issue of proper sleep hygiene with the patient. The quantity of medication requested was not noted. Therefore, the request for Ambien CR 12.5 mg (Quantity not Specified) Sig: qhs is not medically necessary.

Lidoderm Patch 5% (Quantity not Specified) 1 - 2 QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

Decision rationale: The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). The Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no documentation that the patient has had a trial with a first-line medication. The quantity of medication requested was not noted. Therefore, the request for Lidoderm Patch 5% (Quantity not Specified) Sig: 1 - 2 QD is not medically necessary.

Prilosec 20 mg (Quantity not Specified) 2-4 x/day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/prilosec-omeprazole-341997>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It is documented that the patient has a history of gastrointestinal bleed and ongoing residual GERD symptoms. However, the dosage of Prilosec 20 mg is 1 tablet once daily and this request is for 2 to 4 tablets daily. A UR decision dated 3/5/14 modified this request to certify 30 tablets for the indicated 1 tablet once daily dosing. Therefore, the request for Prilosec 20 mg (Quantity not Specified) Sig: 2 - 4 x qd is not medically necessary.

Supplies for Ortho-Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The OrthoStim 4 unit incorporates interferential, TENS, NMS/EMS, and galvanic therapies into one unit. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, the California MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy. A specific rationale identifying why an Ortho-Stim Unit would be required for this patient despite lack of guideline support was not provided. As a result, the associated request for supplies for the Ortho-Stim Unit cannot be substantiated. Therefore, the request for Supplies for Ortho-Stim Unit is not medically necessary.