

Case Number:	CM14-0062096		
Date Assigned:	07/11/2014	Date of Injury:	11/05/2004
Decision Date:	09/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/05/2014

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 Pain Management 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 injured worker is a 31 year-old female who sustained an injury on November 5, 2004 while being employed for [REDACTED]. She is diagnosed with a 6 mm disc bulge at L5-S1 and 3 mm disc bulge at L4-L5, musculoligamentous sprain of the lumbar spine with right lower extremity radiculitis, tailbone contusion, multiple ganglion cysts in the dorsum of the right foot, and status post laminectomy and discectomy at L5-S1. She was seen on January 6, 2014 with complaints of constant low back pain with numbness and tingling sensations down on the right side. She has been taking Tramadol, Tylenol with Codeine, Omeprazole, and Zolpidem daily. An examination revealed diminished sensation over the posterior right leg and right great toe. Prescription refills were provided for Acetaminophen/Codeine, Tramadol, Omeprazole, and Zolpidem. On April 17, 2014, she returned for a re-evaluation. She reported that the pain had increased and she was unable to get a restful sleep. Pain was rated at 10/10 on a pain scale. Low back pain had been getting worse as she was unable to take medications due to denial by insurance. She also reported sharp pain radiating to the right leg and toes. She noted numbness and tingling sensations on the right leg. Examination of the lumbar spine revealed tenderness over the right posterior superior iliac spine. There was diminished sensation on posterior right thigh. Prescription refills were provided for Acetaminophen/Codeine, Tramadol, Omeprazole, and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300/30 mg 1 by mouth every 4 hours as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Codeine) Page(s): 35, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The request for Acetaminophen (APAP)/Codeine 300/30 mg #60 is not considered medically necessary at this time. From the medical records received, it was determined that the injured worker has been taking Acetaminophen/Codeine since December 2010. The California Medical Treatment Utilization Schedule enumerated criteria for long-term users of opioids. One of the criteria is that there should be documentation of pain and functional improvement that comparison to baseline may be possible. This was not found in the medical records received for review. There was no documentation of the injured worker's subjective and objective response to this medication. Documentation of adverse effects was not found as well. More so, the same reference necessitates screening instrument for abuse/addiction, which was also not found in the medical records. Therefore, based on a lack of documentation, the requested service is considered not medically necessary for the injured worker at this time.

Omeprazole 20mg, 1 daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg #60 is not considered medically necessary at this time. Omeprazole, a proton pump inhibitor, can be used as a prophylactic treatment against chronic usage of non-steroidal anti-inflammatory drugs. The medical records reviewed indicate that Omeprazole was prescribed in conjunction with anti-inflammatory medication to prevent stomach irritation. However, there was no documentation of any complaints of gastrointestinal events secondary to medication intake. Hence, the use of Omeprazole is not necessary.

Tramadol 50mg, 1 or 2 four times a day as needed for pain, #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The request for Tramadol 50 mg #200 is not medically necessary at this time. There was no documentation of pain and functional improvement from the use of this medication. Also, there was no indication that the injured worker has been undergoing screening

for medication abuse/addiction. According to the California Medical Treatment Utilization Schedule, this is necessary before treatment of Tramadol can be considered medically necessary for the injured worker.

Zolpidem 10 mg, 1 at bedtime, #30: 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), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Zolpidem (Ambien).

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: The request for Zolpidem 10 mg #30 is not considered medically necessary at this time. From the medical records received for review, it was determined that the injured worker has been taking Zolpidem from December 2010 to April 2014. The use of Zolpidem beyond two to six weeks is not in accordance with the guidelines. The Official Disability Guidelines (ODG) Treatment in Workers' Comp 2013 stated that the use of Zolpidem is approved only for short-term use, usually two to six weeks. Hence, Zolpidem is not recommended at this time.