MAXIMUS Federal Services

Case Number:	CM14-0063881		
Date Assigned:	07/11/2014	Date of Injury:	01/25/2011
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 01/25/2011. The mechanism of injury was not provided. On 05/27/2014, the injured worker presented with neck pain radiating to the bilateral shoulders with numbness, throbbing low back pain with numbness radiating to the bilateral feet, and right shoulder pain and stiffness with numbness and tingling radiating to the right hand. Upon examination of the cervical spine, the injured worker had a muscle spasm of the bilateral trapezius and cervical paravertebral muscles, and a positive cervical compression. The lumbar spine revealed muscle spasm of the bilateral gluteus and lumbar paravertebral muscles and a positive Kemp's and straight leg raise test. There was muscle spasm to the posterior right shoulder and tenderness to palpation of the anterior and posterior shoulder. The diagnoses were cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, right shoulder sprain/strain, and status post surgery right shoulder. Current medication includes zolpidem, hydrocodone, omeprazole, cyclobenzaprine. The provider recommended Cartivisc, zolpidem, hydrocodone, Narcosoft, omeprazole, and a medication consultation. 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:

Cartivisc 500/200/150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for Cartivisc 500/200/150 mg with a quantity of 90 is not medically necessary. Cartivisc is comprised of glucosamine and chondroitin sulfate. The California MTUS recommends this as an option, given its low risk in injured workers with moderate arthritic pain, especially for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. The effect of the combination of glucosamine plus chondroitin sulfate may be less active than the effect of each treatment individually. The injured worker does not have a diagnosis congruent with the guidelines recommendations for Cartivisc. Additionally, the documentation lacks evidence of the Cartivisc being a new prescription or ongoing medication. Additionally, the provider's request does not indicate the frequency of the medication. Therefore, the request is not medically necessary.

Zolpidem 10mg #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), Pain (updated 4/10/14) 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, Zolpidem.

Decision rationale: The request for zolpidem 10 mg with a quantity of 30 is not medically necessary. The Official Disability Guidelines state zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can become habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured worker has been prescribed zolpidem since at least 03/2014. The efficacy of the medication was not provided. Additionally, the request for additional zolpidem 10 mg with a quantity of 30 exceeds the guideline recommendation of short-term therapy. The provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.

Hydrocodone 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Hydrocodone Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for hydrocodone 10/325 mg with a quantity of 180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed hydrocodone since at least 03/2014, the efficacy of the medication was not provided. Additionally, the provider's request for hydrocodone did not indicate the frequency in the request as submitted. Therefore, the request is not medically necessary.

Narcosoft #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Norcosoft Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 77.

Decision rationale: The request for Narcosoft with a quantity of 60 is not medically necessary. The California MTUS recommends prophylactic treatment for constipation should be initiated. The included documentation lacks evidence of the injured worker with a diagnosis or symptoms of constipation secondary to narcotics. Additionally, the provider's request does not indicate the dose or frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gi Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg with a quantity of 60 is not medically necessary. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that have moderate to high risk for gastrointestinal events. The included documentation lacks evidence that the injured worker had moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis of dyspepsia secondary to NSAID therapy. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.

Medication Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for medication consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that consultation is intended to aid in the assessing and diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is no clear rationale to support a medication consultation. Therefore, the request is not medically necessary.