

Case Number:	CM14-0066313		
Date Assigned:	07/11/2014	Date of Injury:	08/02/1997
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 50 year old female worker who was injured on 08/02/1997. Per the 02/27/2014 report, the patient complains of aching, bilateral burning of the lower back with overall pain of 5/10 that radiates to the bilateral lower extremities. He rates his pain a 3/10 with medications and 9/10 without medication. The patient states her low back is 80% of her pain, and her legs are 20% of her pain. In addition, based on the 01/02/2014 report she states that without medication she wakes up every hour due to pain. The progress report dated 02/27/2014 lists the following diagnoses: post laminectomy syndrome, lumbar; radiculopathy, lumbar spine; facet arthropathy, lumbar; lumbar degenerative disc disease; vitamin D deficiency, non-industrial; moderate obesity; depression; scar conditions and fibrosis of skin, lumbar spine; IVD disorder with myelopathy, lumbar; stenosis with neurogenic claudication, lumbar; ligamentum hypertrophy, lumbar; kyphosis (acquired/postural); and kyphoscoliosis/scoliosis (idiopathic). The examination revealed awkward gait, moderate spasm and tenderness along the bilateral lumbar, diminished sensation with dysesthesias, hyperpathia, and paresthesias along bilateral L5 and bilateral S1 dermatomes. In addition, the deep tendon reflexes had mild diminished reflex (2/4) at the bilateral medial hamstring, at the bilateral Achilles. The lumbar spine range of motion was limited: flexion by 60% and extension by 50%. The treating doctor requested Zolpidem Tartrate 10mg, Relafen 750mg #60, Pantoprazole sodium delayed release 20mg #60, and Amitriptyline HCL 25mg #60. The treating doctor provided treatment reports from 1/2/14 to 2/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG) - Treatment of Workers Compensation (TWC) guidelines, Chronic Pain Chapter, Insomnia Treatment, and Official Disability Guidelines (ODG) - Treatment of Workers Compensation (TWC) guidelines, Chronic Pain Chapter Online, Zolpidem. (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>).

Decision rationale: This patient presented with back pain radiating down bilateral legs. The treating doctor requested Zolpidem Tartrate 10mg on 2/27/14. The report dated 01/02/2014, shows the patient is taking Ambien. The Official Disability Guidelines (ODG) recommends Ambien for the short-term treatment period of 2 to 6 week for insomnia and with difficulty of sleep onset of 7-10 days. This medication is not recommended for long-term use. Ambien can be habit-forming, and impair function and memory, more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term. In this case, the patient has been taking Ambien for more than a month, but ODG only recommends short term use of 7- 10 days. Requested Zolpidem Tartrate 10mg is not medically necessary.

Relafen 750mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

Decision rationale: This patient presents with back pain radiating down bilateral legs. The treating doctor requested Relafen 750mg #60 on 2/27/14. Per the 01/02/2014 report, the patient has been taking Relafen. The MTUS guidelines recommends non-steroidal anti-inflammatory drugs (NSAIDs) usage for osteoarthritis at lowest dose for shortest period, acute exacerbation of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with advanced degenerative arthritis of the lumbar spine. As requested by the treating doctor, a course of Nabumetone is reasonable for patient's condition. As such, this request is medically necessary.

Pantoprazole Sodium Delayed Release 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk page 69 and on the Non-MTUS Official Disability Guidelines (ODG) – Treatment of Workers Compensation (TWC), Pain, Proton Pump Inhibitors.

Decision rationale: This patient presents with back pain radiating down bilateral legs. The

treating doctor requested Pantoprazole sodium delayed release 20mg #60 on 2/27/14. Patient is taking Pantoprazole as of 1/2/14 report. The MTUS does not recommend routine prophylactic use along with non-steroidal anti-inflammatory drug (NSAID). A gastrointestinal (GI) risk assessment must be provided. In this case, the patient is taking opioids however; it is unclear how long the patient has been taking Protonix. The current lists of medications do include an NSAID and an opioid. There is no documentation, however, of any GI issues such as Gastroesophageal reflux disease (GERD), gastritis or peptic ulcer disease. The treating doctor does not explain why this medication needs to be continued other than for presumed stomach upset. The MTUS guideline does not support prophylactic use of Proton Pump Inhibitors (PPI) without GI assessment. The patient currently has no documented stomach issues. Based on the information above, this request is not medically necessary.

Amitriptyline HCL 25mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific studied disease Page(s): 13, 14.

Decision rationale: This patient presents with back pain radiating down bilateral legs. The treating doctor has asked for Amitriptyline HCL 25mg #60 on 2/27/14. Per the 02/27/2014 report the patient just began a trial of Amitriptyline. The MTUS recommends Amitriptyline for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include pain outcome; evaluation of function; changes in use of other analgesic medication; sleep quality and duration; and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, the treating doctor would like the patient to try this medication to address the neuropathic pain. As such, this request is medically necessary.