

Case Number:	CM14-0066590		
Date Assigned:	08/08/2014	Date of Injury:	02/14/2014
Decision Date:	10/14/2014	UR Denial Date:	04/28/2014
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 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 40-year-old female who sustained an injury on February 14, 2014. She is diagnosed with cervical spine strain and lumbar spine strain. She was seen on March 24, 2014 for an evaluation. She complained of stiffness of the neck. She also reported continued low back pain with radiation to the right knee. Examination of the cervical spine revealed no tenderness and no spasm. There was full range of motion. Distal sensation, motor function, and circulation were intact. Examination of the lumbar spine revealed mild tenderness over the bilateral paravertebral muscles. There was no bony tenderness, bony deformity, or spasm. Range of motion was diminished secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

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- Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

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 (Ambien)

Decision rationale: The request for Zolpidem 10 mg #30 is not medically necessary at this time. There was no indication in the medical records why this medication was prescribed. Zolpidem is a prescription short-acting non-benzodiazepine 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, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they 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. There was no complaint of sleeping difficulties noted from the injured worker in the documents provided for review therefore this request is not medically necessary.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: The request for Omeprazole 20 mg #60 is not medically necessary at this time. From the medical records reviewed, there was no documentation of any gastrointestinal complaints. She is not also considered at risk for gastrointestinal events based on the medical records reviewed. Hence, the use of Omeprazole 20 mg #60 is not necessary.

Condrolite 500/200 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Glucosamine/Chondroitin

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

Decision rationale: The request for Condrolite 500/200/150 mg #90 is not medically necessary at this time. As per the California Medical Treatment Utilization Schedule, glucosamine and chondroitin sulfate is primarily indicated for those with knee osteoarthritis. Based on the medical records reviewed, the injured worker has no complaints or objective findings relative to the knee. Therefore the request for Condrolite 500/200 150mg #90 is not medically necessary based on the documents provided.

Gabapentin 30mg/Flurbiprofen 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Gabapentin 30 mg/Flurbiprofen 30 mg is not medically necessary at this time. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records received for review, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. This topical medication constitutes Gabapentin and Flurbiprofen, which are not recommended by guidelines.

Gabapentin 240gm/ Flurbiprofen 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Gabapentin 240 mg/Flurbiprofen 240 mg is not medically necessary at this time. There was no mention in the reviewed medical records why there is a need to provide another medical cream with the same pharmacological content. As Gabapentin 30 mg/Flurbiprofen 30 mg was not recommended for reasons stated above, the request for Gabapentin 240 gm/Flurbiprofen 240 gm is not medically necessary as well.