

Case Number:	CM14-0066624		
Date Assigned:	09/10/2014	Date of Injury:	11/02/2008
Decision Date:	10/07/2014	UR Denial Date:	04/30/2014
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 Pain Management, 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:

The patient is a 40 year old female with an injury date of 11/02/08. The 04/15/14 report by ■■■ states the patient presents with aching pain in the neck and trapezius mainly on the left that is rated 4/10. Pain worsens with lifting and improves with laying down, medication and injections. She reports stomach upset. The report notes the patient is currently not working. Examination reveals spasm and tenderness over the cervical paraspinals and trapezius more on the left. Cervical range of motion is slightly reduced. The patient's diagnoses include: 2. Dysthymic disorder 3. Headache 4. Muscle pain 5. Numbness 6. Degenerative disc disease, cervical 7. Neck pain Current medications are listed as zolpidem (Ambien), cyclobenzaprine, omeprazole (Prilosec) and Diazepam. The utilization review being challenged is dated 04/30/14. Reports were provided from 11/18/10 to 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QTY: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress section-Zolpidem (Ambien)

Decision rationale: The patient presents with neck pain rated 4/10. The treating physician requests for Ambien 10 mg Qty 30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the records provided show the patient has been using this medication since 11/11/13. Long-term use is not recommended by ODG; therefore, recommendation is for denial.

Valium 5mg QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with neck pain rated 4/10. The treating physician requests for Valium (Diazepam a benzodiazepine) 5 mg Qty 60. MTUS page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The 12/04/13 report provided shows this medication and the treater's note that the patient uses the medication sparingly and that a quantity of 60 was sufficient for the patient for over a year. In this case, the time of use of the medication far exceeds what is recommended by MTUS. The request is not medically necessary and appropriate.

Flexeril 7.5mg QTY:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Page(s): 64.

Decision rationale: The patient presents with neck pain rated 4/10. The treating physician requests for Flexeril (Cyclobenzaprine) 7.5 mg Quantity 60. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports provided indicate that the patient was taking this medication on 12/04/13. The treater notes that the patient uses the medication occasionally for spasm. In this case, the use of the

medication is outside the 2-3 weeks recommended by MTUS. The request is not medically necessary and appropriate.

Omeprazole 20mg QTY:120: Overturned

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

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

Decision rationale: The patient presents with neck pain rated 4/10. The treating physician requests for Omeprazole 20 mg. Qty 120. The 04/30/14 utilization review states the request was modified to 30 to comply with referenced guideline once daily dosage recommendations. Reports provided show the patient has been taking this medications since at least 11/15/13. MTUS guidelines state the following, " NSAIDs, GI symptoms & cardiovascular risk (MTUS pg. 69) Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) ." The 04/15/14 report notes the patient has stomach upset and the treating physician documents that this medication helps prevent GI upset caused in the past by medications. In this case, the treating physician had documented that the patient is at risk for gastrointestinal events. The request is not medically necessary and appropriate.