

Case Number:	CM14-0085911		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2012
Decision Date:	09/25/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 records, presented for review, indicate that this 61-year-old female was reportedly injured on July 18, 2012. The mechanism of injury was not listed. The claimant underwent lumbar microdiscectomy/laminectomy at L3-L4 and TLIF at L4-L5 and L5-S1 on January 31, 2014. The most recent progress notes, dated May 12, 2014 and July 9, 2014, indicate that there were ongoing complaints of neck pain that radiated to the arms and low back pain that radiated to the left lower extremity. Physical examination demonstrated tenderness and spasm with decreased cervical/lumbar range of motion. MRI of the lumbar spine, dated March 19, 2013, demonstrated hemangioma at L4, disc desiccation at L1-L2 to L5-S1; Schmorl's node at superior endplate of L2, disk bulges at L3-L4, L4-L5 and L5-S1 with facet degenerative changes, and ligamentum flavum hypertrophy which caused bilateral foraminal, lateral recess and canal narrowing. Previous treatment included lumbar epidural steroid injections, trigger point injections, HEP, aquatic therapy and medications to include Neurontin, naproxen, Norco, tramadol, Ambien, Flexeril, Percocet, Prilosec, Valium, ondansetron and Zanaflex. A request had been made for Prilosec 20 mg, alprazolam 0.25 mg, zolpidem 10 mg, and a walker with seat rest, which were not certified in the utilization review on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (greater than one year) has been shown to increase the risk of hip fractures. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, the request for Prilosec 20 mg is not considered medically necessary or appropriate.

Alprazolam 0.25mg: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support benzodiazepines (alprazolam) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Furthermore, there is no amount stated on the request. As such, the request for Alprazolam 0.25 mg is not medically necessary or appropriate.

Zolpidem 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Mental Illness and Stress updated 04/09/14. 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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: MTUS/ACOEM does not address; therefore ODG used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, the request for Zolpidem 10 mg is not medically necessary or appropriate.

Walker with seat rest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Knee and Leg (Acute & Chronic) updated 3/31/14. Walking aids (canes, crutches, braces, orthoses and walkers).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: MTUS/ACOEM practice guidelines and ODG support walking aids for bilateral knees osteoarthritis. Walkers after lumbar spine fusion is not addressed. Review, of the medical records, fails to document the medical necessity for a walker two months after spine surgery on January 31, 2014. Given the lack of clinical documentation and/or justification, the request for a walker with a seat rest is not medically necessary or appropriate.