

<b>Case Number:</b>	CM14-0089436		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Texas and Ohio. 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 57-year-old male who reported an injury on 08/31/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his left shoulder, neck, and left upper extremity. The injured worker was evaluated on 04/17/2014. It was documented that the injured worker had pain levels averaging from 7/10 to 8/10, reduced to 5/10 with medications. The injured worker's medications were noted to be Percocet 10/325 mg, Ibuprofen 300 mg, Omeprazole 20 mg, Ambien 10 mg, Neurontin 400 mg, and Imitrex 50 mg. It was documented that the injured worker was taking Ibuprofen twice a day that caused gastrointestinal upset and was treated with Omeprazole. It was documented that the injured worker did not report significant relief from the use of Gabapentin. It was noted that the injured worker did have improved sleep due to the use of Ambien. It was not noted that the injured worker exercised or participated in a home exercise program. The injured worker's diagnoses included chronic left shoulder pain, status post arthroscopic surgery, neck pain, and carpal tunnel syndrome. The injured worker's treatment plan included continuation of medications. A request for authorization form dated 04/17/2014 was submitted for refill of medications. The injured worker was again evaluated on 06/12/2014. It was documented that the injured worker had undergone a trial of acupuncture to assist with pain control and reduce medications. It was noted that the injured worker had pain at 8/10 reduced to a 5/10 with medications. The injured worker's treatment plan included continuation of medications and additional acupuncture. A request for authorization for a refill of medications was dated 06/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Ibuprofen 800mg 1 tablet twice a day #60.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non-steroidal anti-inflammatory drugs) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

**Decision rationale:** The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 11/2013. MTUS Guidelines do recommend the use of nonsteroidal anti-inflammatory drugs as first line medications in the management of chronic pain. However, it is also recommended that continued use of medications in the management of the chronic pain be supported by documented functional benefit, and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has a reduction in pain, however, specific functional benefit due to medication usage was not provided. Furthermore, this is for a retrospective request. The clinical documentation submitted for review provides 2 different requests for authorizations for this medication on 2 different dates. Therefore, the requested date of service cannot be clearly identified. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request is not medically necessary.

**Retro Omeprazole 20mg 1 tablet daily #30.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** MTUS Guidelines does support the use of gastrointestinal protectants for injured workers at risk for developing gastrointestinal events related to medication usage. The clinical documentation does indicate that the injured worker has gastrointestinal issues when using medication that is responsive to Omeprazole. Therefore, continued use of this medication would be supported in this clinical situation, however, this is a retrospective request. The clinical documentation contains 2 different requests for authorizations for this medication. Therefore, the requested date of service cannot be determined. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request is not medically necessary.

**Retro Ambien 10mg 1 tablet at night #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 Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia Treatments.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 11/2013. The Official Disability Guidelines recommend a short course of treatment of Ambien to assist with sleep function restoration. It is noted that the injured worker is prescribed this medication due to sleep deficits. However, the effectiveness of this medication is not provided. An adequate assessment of the injured worker's ongoing sleep hygiene is not provided. Therefore, continued use of this medication would not be supported. Additionally, this is a retrospective request. There are 2 different requests for authorizations submitted for this medication. Therefore, there is no way to determine the appropriate date of service. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request is not medically necessary.

**Retro Topamax 25mg 1 tablet at night #60.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Epileptics Page(s): 60, 16.

**Decision rationale:** The clinical documentation submitted for review indicates the injured worker has been on this medication since at least 11/2013. MTUS Guidelines does recommend the use of anticonvulsants as a first line medication in the management of chronic pain. However, guidelines also recommend that continued use of medications in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has a reduction in pain due to medication usage. However, increased functionality is not provided. Therefore, continued use of this medication would not be supported. Furthermore, the request does not specifically identify a date of service. The clinical documentation contains 2 different requests for authorizations for this medication. Therefore, the appropriate date of service cannot be determined. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the retrospective request is not medically necessary.