

Case Number:	CM14-0181247		
Date Assigned:	11/06/2014	Date of Injury:	01/02/1999
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	10/31/2014

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 General Surgery and is licensed to practice in Texas. 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 male who reported an injury on 01/02/1999. The mechanism of injury was not specified. His diagnoses include low back pain, lumbar disc displacement, degeneration of cervical intervertebral disc, post-laminectomy syndrome of lumbar region, lumbar radiculopathy, cervical radiculitis, and cervical disc displacement. Past treatments have included hot and cold compresses and NSAIDs. The diagnostic studies include an x-ray of the lumbosacral spine on 03/19/2014, which revealed evidence of posterior fusion with bilateral instrumentation at the L4, L5, and S1 levels. He was also noted to have anterior fusion of the L4 and L5-S1 with instrumentation. There was no evidence of spondylolisthesis and no significant findings of the sacrum. His surgical history includes lumbar fusion of the L4, L5, and S1 performed on an unspecified date. On 09/25/2014, the patient presented with low back pain that radiated into his bilateral lower extremities and was associated with numbness and tingling. The objective findings revealed restricted range of motion of the cervical spine, tenderness to palpation of the left trapezius musculature, decreased range of motion of the lumbar spine, and muscle atrophy in the quadriceps. He was also noted to have diminished sensation over the C5 and C6 dermatomes. Current medications include Norco, Neurontin, Flexeril, Prilosec, Zolpidem, and OxyContin. The treatment plan was noted to include obtaining authorization for a lumbar epidural steroid injection, referrals for a general surgeon and gastroenterologist consultation, and obtaining authorization for Norco, Neurontin, Flexeril, Ambien, and Vimovo. The rationale for the request was that the patient had been without medications since 03/2014 and received no relief from over the counter NSAIDs and antipyretics. A blank request for authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 10mg #90 is not medically necessary. The California MTUS Guidelines indicate that Cyclobenzaprine is a muscle relaxant recommended for a short course of therapy that is not to exceed 2 to 3 weeks. The documentation shows the medication is to be taken for 30 days. However, the guidelines do not support treatment beyond 2-3 weeks. Additionally, the documentation indicates the injured worker was taking this medication in 03/2014. However, there was a lack of documentation to show the duration in which the medication had been taken, objective functional improvement, and objective pain relief. Therefore, the request is not supported by the evidence-based guidelines. As such, the request for Flexeril 10mg #90 is not medically necessary.

Ambien 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 (ODG); Pain Chapter/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), Pain, Zolpidem (Ambien).

Decision rationale: The request for Ambien 10mg #30 is not medically necessary. The Official Disability Guidelines recommend Zolpidem for short-term (7 to 10 days) treatment of insomnia. Additionally, the guidelines recommend cognitive behavioral therapy as an important part of an insomnia treatment plan. There was a lack of documentation to show a diagnosis or treatment for insomnia. Additionally, the documentation indicates the injured worker was taking this medication in 03/2014. However, there was a lack of documentation to show improved sleep. Moreover, the treatment plan did not indicate cognitive behavioral therapy. Furthermore, the documentation indicates this medication is to be taken for 30 days, which is beyond the guidelines' recommendation of 7-10 days. Therefore, the request is not supported by the evidence-based guidelines. As such, the request for Ambien 10mg #30 is not medically necessary.

Vimovo 500/20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Vimovo 500/20mg #60 is not medically necessary. Vimovo is a medication consisting of Esomeprazole and Naproxen. The California MTUS Guidelines recommend proton pump inhibitors for patients who are risk for NSAID induced gastrointestinal events. The injured worker reported worsening of gastrointestinal esophageal reflux disease and a recommendation was made for a gastroenterologist consultation in 09/2014. However, there was a lack of documentation to show the injured worker was examined by a gastroenterologist, as well as objective findings from the evaluation. Additionally, was previously prescribed Prilosec and noted to be taking Vimovo in 03/2014. However, there was a lack of documentation to show gastrointestinal relief from these medications. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Vimovo 500/20mg #60 is not medically necessary.