

Case Number:	CM14-0196827		
Date Assigned:	12/04/2014	Date of Injury:	12/20/2004
Decision Date:	01/21/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 51 year old female with an injury date on 12/20/2004. Based on the 09/16/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical spine status post cervical epidural steroid injection, interlaminar, 08/19/2014.2. Cervical spine status post anterior cervical discectomy and fusion C4-5.3. Cervical spine C5-6 posterior central disc protrusion with bilateral neuroforaminal narrowing.4. Right shoulder sprain/strain.5. Left shoulder sprain/strain.6. Right wrist carpal tunnel syndrome, moderate.7. Left wrist carpal tunnel syndrome, status post carpal tunnel release, with residual sensory conduction delay. According to this report, the patient complains of neck and arm pain. The patient indicates the "benefits from injection are starting to wear off. However, neck and arm pain are still better than they were prior to injection. He reduced the intake of medications, now on 1 Tramadol and 1 Norco daily, with Motrin pm." Physical exam reveals tenderness and spasm at the bilateral cervical paraspinal region, bilateral trapezial muscles. Grip strength of the upper extremities is 4+/5 bilateral. The 08/36/2014 report indicates patient is "status post cervical spine epidural steroid injection, which she states markedly improved her neck and arm pain, at least 80% to 90% better since the injection." The treatment plan is continue HEP, request a cane to assist with ambulation, and refill medications. The patient's condition is "permanent and stationary/MMI." There were no other significant findings noted on this report. The utilization review denied the request for (1) Omeprazole 20 mg #60 with 1 refill, (2) Norco 10/325 mg, for breakthrough pain #10, and (3) Ambien 10 mg, #30 for insomnia on 10/21/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 12/04/2013 to 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg po daily #60, with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 69.

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

Decision rationale: The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms and cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age greater than 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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

Norco 10/325 mg, one po q6 hours-pm, breakthrough pain #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: This medication was first mentioned in the 05/01/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the reports do not show documentation of pain assessment; no numerical scale is used describing the patient's function. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are

used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly the 4 A's as required by MTUS. Therefore the request is not medically necessary.

Ambien 10 mg, one po q hs prn insomnia qty: #30; Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®)

Decision rationale: The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Ambien #30. Medical records indicate the patient has been prescribed Ambien since 05/01/2014 and there were no documentation that the patient has a sleeping issue. The treating physician does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. Therefore, the request is not medically necessary.