

Case Number:	CM15-0002127		
Date Assigned:	01/13/2015	Date of Injury:	12/16/2010
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old male who sustained an industrial injury on December 16, 2010. The mechanism of injury was not provided. The injured worker reported low back pain. Diagnoses include bilateral lumbar radiculopathy, lumbar facet joint arthritis, myofascial pain and insomnia secondary to chronic pain. Treatment to date has included diagnostic testing, pain management, a home exercise program, acupuncture sessions and physical therapy. An MRI of the lumbar spine dated November 10, 2014 revealed lumbar degenerative disc disease, disc protrusion at lumbar three-lumbar four levels, and mild to moderate lumbar five-sacral one lateral recess stenosis. The current documentation dated November 19, 2014 notes that the injured worker reported persistent low back pain which radiated to the bilateral hips and gluteal region, worse on the right side. The pain was rated a six to seven out of ten on the Visual Analogue Scale. He reported the combination of current pain medications helps the pain. Physical examination revealed spasms of the paraspinal muscles and stiffness of the lumbar spine. Tenderness was noted over the lumbar facet joints and right posterior superior iliac spine. On January 5, 2015, the injured worker submitted an application for IMR for review of Zlopidem 10 mg # 30, Omeprazole 20 mg # 30 and Flector Patches 1.3% # 30. On December 18, 2014 Utilization Review non-certified the medication requests. The MTUS, ACOEM Guidelines and Chronic Pain Medical Treatment Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review Norco 10/325 mg # 90 which was modified to Norco 10/325 mg # 45 to allow for weaning. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF ZOLPIDERM 10MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medications: Zolpidem

Decision rationale: Zolpidem is a short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. It can be habit-forming, and may impair function and memory more than opioid pain relievers and may increase pain and depression over the long-term. A 30 day prescription is not necessary in this case, particularly given that the insomnia is attributed to chronic pain.

Omeprazole 20mg: Upheld

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

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

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age to 65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, omeprazole cannot be considered to be medically necessary.

30 patches of Flector 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flector is a topical NSAID (diclofenac). Topical NSAID's are indicated for osteoarthritis and tendinitis, particularly, that of the knee and elbow or other joints that are amenable to topical treatment. Topical diclofenac has not been evaluated for treatment of the spine, hip or shoulder and there is little evidence for the use of topical NSAIDs in general for treatment of osteoarthritis of the spine, hip or shoulder.

