

Case Number:	CM15-0007243		
Date Assigned:	03/06/2015	Date of Injury:	09/06/2006
Decision Date:	04/09/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 50 year old, male patient, who sustained an industrial injury on 09/06/2006. A primary treating office visit dated 12/04/2014 reported subjective complaint of lower back pain rated an 8 out of 10 in intensity and with the use of medications, the pain decreased to a 2 out of 10. He is prescribed Vicodin 5/300, Prilosec and Robaxin 500MG. Objective findings showed a positive facet loading test. He is diagnosed with L1-3 disc degeneration; spondylosis L2-L3 and L3-L4; status post L3-S1 fusion; bilateral sacroiliac joint dysfunction; intermittent lumbar radiculopathy and status post removal of hardware lumbar spine on 07/16/2014. A pain management consultation was recommended. A request was made for the following; Ambien 10mg # 30, Prilosec 20mg # 60; Robaxin 500mg # 30 and Vicodin 7.5/300mg #120. On 12/19/2014, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Opioids, NSAIDS, were cited. The injured worker submitted an application for independent medical review or services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI and cardiovascular risk Page(s): (s) 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk- Page(s): 68-69.

Decision rationale: Prilosec 20mg #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec 20 mg # 60 with 3 refills is not medically necessary. Determine if the patient is at risk for gastrointestinal events: (1) age > 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68-69 NSAIDs, GI symptoms & cardiovascular risk- pages 68-69.

Vicodin 7.5/300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

Decision rationale: Vicodin 7.5/300 mg #120 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Vicodin is not medically necessary.

Robaxin 500mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) & Methocarbamol Page(s): 63, 65.

Decision rationale: Robaxin 500mg #30 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. As the MTUS does not recommend this medication long term and the documentation indicates that the patient has already been on this medication long term and the request furthermore asks for 3 refills this request is not medically necessary.

Ambien 10mg #30 with 3 refills: 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), Treatment Index, 12th Edition (web), 2014, Pain, Insomnia treatment, 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 (Chronic)-Zolpidem (Ambien) 1/2.

Decision rationale: Ambien 10mg #30 with 3 refills is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Zolpidem. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has already been on Ambien for at least 6 weeks. The ODG does not recommend this medication long term. The request as written is for 3 refills. The request for Zolpidem long term is not medically necessary.