MAXIMUS Federal Services

Case Number:	CM15-0102750		
Date Assigned:	06/05/2015	Date of Injury:	11/18/2010
Decision Date:	07/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on November 18, 2010. He has reported low back pain with tingling down the left leg to the foot and toes and has been diagnosed with musculoligamentous sprain lumbar spine with left lower extremity radiculitis, disc bulges L4-5, L3-4, and L5-S1, status post lumbar epidural injection, and left L5 radiculopathy. Treatment has included medications, medical imaging, and physical therapy. The injured worker reports constant pain across the low back. There was burning, numbness, and tingling down the left leg to the foot and toes. Objective findings note the injured worker ambulates with a cane in the right hand. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 MG #30 with 4 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), Pain.

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.

Decision rationale: According to cited ODG guideline (CA MTUS does not address this medication specifically), zolpidem is approved for short-term use for treatment of insomnia. Continued long-term use has limited efficacy in managing insomnia and increases risk of depression, dependence and abuse. Consequently the provided medical records and clinical guidelines do not support continued use of zolpidem as being medically necessary at this time. The request is not medically necessary.

Omeprazole 20 MG #30 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time Considering lack of documented necessity, the medication is not medically necessary at this time.

Ibuprofen 800 MG #90 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of NSAID. In this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is standard minimal, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time however I do not believe that approval of 5 refills is medically necessary at this time. This is due to the fact that the IW's condition could change over the next 6 months and clinical efficacy should be shown prior to preemptively certifying for a total of 6 months. The current request is not medically necessary.

Tramadol 50 MG #200 with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary. The request is not medically necessary.