

Case Number:	CM15-0012098		
Date Assigned:	01/29/2015	Date of Injury:	10/02/2007
Decision Date:	04/16/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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 64 year old male, who sustained a work/industrial injury when he witnessed several co-workers die in a tunnel with an explosion on 10/2/07. He has reported symptoms of pain all over his body and insomnia, depression, and anxiety with post traumatic stress disorder. There was limited range of motion in the upper extremities due to joint pain. Prior medical history includes shingles, clostridium difficile colitis, Methicillin-Resistant Staphylococcus Aureus (MRSA) with elbow surgery. The diagnoses have included osteoarthritis, post traumatic stress disorder, chronic pain, and depressive disorder. A Computed Tomography (CT) of the abdomen/pelvis was done with note of diverticulosis. Treatment to date has included conservative measures (ice, heat), joint injection/aspiration. Medications included Ambien, Clonazepam, Lidoderm patch, mirtazapine, morphine ER, Seroquel, and sertraline. A request for refill of Ambien, mupirocin 2% topical ointment, and Ondansetron was made. On 1/16/15, Utilization Review non-certified Ambien 10 mg; Mupirocin 2 % topical ointment; and Ondansetron HCL 4 mg, noting the Official Disability Guidelines (ODG) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: 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).

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

Decision rationale: Ambien 10mg is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. 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 request does not specify a quantity. The ODG does not recommend this medication long term. The request for Ambien 10mg is not medically necessary.

Mupirocin 2% topical ointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 142.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation J Antimicrob Chemother. 2009 Jul; 64(1): 9-15. Published online 2009 May 18. doi: 10.1093/jac/dkp159 PMID: 19453333 Nasal decolonization of Staphylococcus aureus with mupirocin: strengths, weaknesses and future prospects T. Coates,1 R. Bax,2 and A. Coates3.

Decision rationale: Mupirocin 2% topical ointment is not medically necessary per guidelines reviewed. The MTUS and the ODG do not specifically address this request, however, the MTUS does state that the physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. A review of the literature reveals that studies looking at the long-term efficacy of mupirocin that have focused on nasal decolonization of S. aureus, including MRSA, have shown that initial clearance over several weeks is effective but that recolonization after 3 months is high. It has been established that significant increases in resistance to mupirocin can occur after repeated or extended courses of mupirocin and, in order to maximize the potential therapeutic benefits of mupirocin, it is recommended this such usage is avoided. The request as written does not specify a duration of use. The guidelines do not recommend long term mupirocin use. Therefore this request is not medically necessary.

Ondansetron 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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)- Ondansetron (Zofran); Antiemetics (for opioid nausea).

Decision rationale: Ondansetron 4mg is not medically necessary per the ODG Guidelines. The MTUS does not specifically address Ondansetron (Zofran). The ODG does not recommend ondansetron (Zofran) for nausea/vomiting secondary to chronic opioid use but does recommend for acute use per FDA indications including: to chemotherapy and radiation treatment, postoperative use, or acutely used in for gastroenteritis. The request as written does not specify a quantity. Furthermore, there is no documentation that this Ondansetron is being used postoperatively, for acute gastroenteritis, or secondary to chemo or radiation treatment therefore this medication is not medically necessary.