MAXIMUS Federal Services

Case Number:	CM15-0018103		
Date Assigned:	02/06/2015	Date of Injury:	03/29/2010
Decision Date:	04/02/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

A 44 year old female sustained and industrial injury on 03/29/2010. Current diagnoses include GERD, dysthymic disorder, displacement lumbar disc without myelopathy, degenerative lumbosacral intervertebral displacement, lumbago, thora/lumbosacral radiculitis unstable, acquired spondylolisthesis, lumbar sprain/strain, depression with anxiety disorder, sleep arousal disorder, and chronic pain. Previous treatments included medication management, heat/ice, and activity modification. Report dated 01/09/2015 noted that the injured worker presented with complaints that included back pain with radiation to the lower extremities and difficulty sleeping. Physical examination was positive for abnormal findings. Utilization review performed on 12/29/2014 non-certified a prescription for Zolpidem, Naprosyn, omeprazole, and Metaxalone, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg at bedtime #30 3 refills: 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) Mental Illness and Stress Chapter, Ambien/Zolpidem.

Decision rationale: The patient presents with complaints of back pain rated 10/10 without and 5/10 with medications with radiation to the lower extremities and difficulty sleeping. The request is for ZOLPIDEM 10MG AT BEDTIME #30; 3 REFILLS. The RFA is not provided. Patient's diagnosis included GERD, dysthymic disorder, displacement lumbar disc without myelopathy, degenerative lumbosacral intervertebral displacement, lumbago, thora/lumbosacral radiculitis unstable, acquired spondylolisthesis, lumbar sprain/strain, depression with anxiety disorder, sleep arousal disorder, and chronic pain. Patient is back on modified duty. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In regards to the request for Zolpidem, treater has exceeded the recommended therapeutic duration. The requested 30 Zolpidem with 3 refills exceeds guidelines which indicate a duration of 7-10 days for this medication. Therefore, the request IS NOT medically necessary.

Naprosyn 500 mg, twice a day #60 x 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with complaints of back pain rated 10/10 without and 5/10 with medications with radiation to the lower extremities and difficulty sleeping. The request is for NAPROSYN 500 MG, TWICE A DAY #60 X3 REFILLS. The RFA is not provided. Patient's diagnosis included GERD, dysthymic disorder, displacement lumbar disc without myelopathy, degenerative lumbosacral intervertebral displacement, lumbago, thora/lumbosacral radiculitis unstable, acquired spondylolisthesis, lumbar sprain/strain, depression with anxiety disorder, sleep arousal disorder, and chronic pain. Patient is back on modified duty. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the prescription for Naprosyn was first mentioned in the progress report dated 12/12/14. It appears this patient is initiating Naprosyn with this prescription. The patient does suffer from chronic back pain for which NSAIDs are indicated. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Omeprazole 20mg once a daily #30 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GERD, NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient presents with complaints of back pain rated 10/10 without and 5/10 with medications with radiation to the lower extremities and difficulty sleeping. The request is for OMEPRAZOLE 20MG ONCE A DAILY #30 X3 REFILLS. The RFA is not provided. Patient's diagnosis included GERD, dysthymic disorder, displacement lumbar disc without myelopathy, degenerative lumbosacral intervertebral displacement, lumbago, thora/lumbosacral radiculitis unstable, acquired spondylolisthesis, lumbar sprain/strain, depression with anxiety disorder, sleep arousal disorder, and chronic pain. Patient is back on modified duty. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS pg 69 states 'NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.'In this case, Omeprazole was first noted in the progress report dated 07/18/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of the medical records show history of GERD and the patient is concurrently using Naprosyn. The patient presents with an indication for Omeprazole. Therefore, the request IS medically necessary.

Metaxaline 800mg 3 times daily #90 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin, Muscle relaxants Page(s): 61, 63-66.

Decision rationale: The patient presents with complaints of back pain rated 10/10 without and 5/10 with medications with radiation to the lower extremities and difficulty sleeping. The request is for METAXALONE 800MG 3 TIMES DAILY #90 X3 REFILLS. The RFA is not provided. Patient?s diagnosis included GERD, dysthymic disorder, displacement lumbar disc without myelopathy, degenerative lumbosacral intervertebral displacement, lumbago, thora/lumbosacral radiculitis unstable, acquired spondylolisthesis, lumbar sprain/strain, depression with anxiety disorder, sleep arousal disorder, and chronic pain. Patient is back on modified duty. MTUS Chronic Pain Medical Treatment Guidelines page 61 regarding Skelaxin states: 'Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone - Skelaxin- is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references.'In regards to the request for Skelaxin, the treater has specified a duration of therapy which exceeds guidelines. While the patient presents with significant chronic low back pain, guidelines do not recommend that muscle relaxants such as Skelaxin are appropriate for long term use. The request of #90 with 3 refills does not imply a short duration of use and is therefore not medically substantiated. The request IS NOT medically necessary.