

Case Number:	CM15-0019030		
Date Assigned:	02/06/2015	Date of Injury:	03/29/2012
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

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:

The injured worker is a 56-year-old female who reported an injury on 03/29/2012. The mechanism of injury involved heavy lifting. The current diagnosis includes lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, left shoulder ligamentous injury and medication induced gastritis. The injured worker presented on 12/10/2014 for a follow up evaluation with complaints of persistent low back pain. It was noted that the injured worker had been previously treated with an epidural steroid injection with 60% to 70% relief of symptoms. The current medication regimen includes Anaprox DS 550 mg, Norco 10/325 mg, Ambien 10 mg, Terocin and Terocin lotion. Upon examination, there was documentation of tenderness to palpation with increased muscle rigidity, numerous trigger points, decreased range of motion with obvious muscle guarding, significant pain with extension, 40 degree flexion, 0 degree extension, 20 degree right and left lateral bending, 1+ Achilles deep tendon reflexes bilaterally and 4/5 motor weakness in the right lower extremity. There was decreased sensation along the lateral calves in the L5-S1 distribution with a positive straight leg raise at 60 degrees bilaterally in the sitting position. Recommendations at that time included a medial branch nerve block at L3, L4 and L5, as well as continuation of the current medication regimen. A Request for Authorization form was submitted on 12/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (chronic), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has continuously utilized Norco 10/325 mg since 06/2014. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Ambien 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolpidem (Ambien) and Mental Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. In this case, the injured worker does not maintain a diagnosis of insomnia

disorder. There was no mention of an attempt at nonpharmacologic treatment prior to the initiation of a prescription product. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory medications Non Selective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has continuously utilized the above medication for an unknown duration. Guidelines would not support chronic use of an NSAID. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.