

Case Number:	CM15-0149235		
Date Assigned:	08/12/2015	Date of Injury:	01/30/2010
Decision Date:	09/17/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 75 year old female with a January 30, 2010 date of injury. A progress note dated April 24, 2015 documents subjective complaints (neck pain; pain down the right arm), objective findings (decreased range of motion of the cervical spine; foraminal compression test and Spurling's test are positive; tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle bilaterally), and current diagnoses (cervical spine herniated nucleus pulposus; right shoulder sprain and strain, rule out internal derangement; tendonitis, carpal tunnel syndrome on the right; symptoms of anxiety and depression; symptoms of insomnia). Treatments to date have included medications, imaging studies, diagnostic testing, and psychotherapy. The treating physician documented a plan of care that included Fexmid 7.5mg #240, Prilosec 20mg #120, Ultram ER 150mg #180, and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The use of Fexmid is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. It is not recommended beyond 2-3 weeks of use which the patient has exceeded. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is on opioids which may compound the adverse effects of drowsiness and dizziness. Therefore, continued use is not medically necessary.

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "PPIs" "NSAIDs, GI symptoms".

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless she is on chronic NSAIDs which she was not documented to be on. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Ultram ER 150mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Ultram is medical unnecessary. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no recent urine drug screenings or documented drug contract. The patient was prescribed this once daily. Therefore, a six month supply was given which the patient may not need. Because of these reasons, the request for Ultram is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability

Guidelines (ODG) Treatment in Workers Compensation, 12th edition, 2014, Pain Chapter (12/23/14).

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

Decision rationale: The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The risk of long-term use of Ambien currently outweighs benefit and is not medically necessary.