

Case Number:	CM15-0168092		
Date Assigned:	09/08/2015	Date of Injury:	12/22/2009
Decision Date:	10/27/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 female, who sustained an industrial injury on 12-22-2009. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, cervical sprain, cervicogenic headache, insomnia, and cervical degenerative disc disease. Treatment to date has included medications. Currently (7-14-2015), the injured worker complains of low back pain with radiation to her bilateral hips, legs and feet, with intermittent numbness and tingling. She reported that the right side was worse than the left and that sometimes pain radiated to the upper back and bilateral shoulders. Pain was rated 8 out of 10, but reduced to 5-6 with medication use. She reported that Ambien "helped" her insomnia. Exam of the cervical spine noted slight rigidity in the right trapezius and interscapular area on deep palpation and tenderness on the right cervical paravertebrals, as well as the trapezius and upper part of the thoracic paravertebrals. Range of motion was documented as full, but uncomfortable at extreme range. Exam of the lumbar spine noted tenderness at the L4-5 on deep palpation and the ability to bend to mid tibia with pain. Straight leg raise was positive on the right at 90 degrees, sensation was intact to all dermatomes of the bilateral lower extremities, and lower extremity motor strength was 3 of 5 on the right and 4 of 5 on the left. Ankle and knee reflexes were 1+ bilaterally. The treatment plan included urine drug screening and refill of medications. Work status was with restrictions, "as declared in her permanent and stationary". The use of Prilosec 20mg twice daily (stomach protection), Ambien 5mg at bedtime (insomnia), Lidoderm 5% patch on 12 hours-off 12 hours (local application), and Motrin 800mg twice daily (inflammation) was referenced in the progress reports since at least 1-2015, at which time pain was rated 8 out of 10, but reduced to 5 with the use of medication. The progress report (5-28-2015) noted that she stated she was not taking medication because of "stomach issues", at which time medication recommendations were unchanged from 1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: 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 section- Zolpidem.

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, Zolpidem.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "zolpidem is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long term use of this medication for that indication. Furthermore, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia which is not related to chronic pain. Therefore, based on the submitted medical documentation, the request for ambien 5mg is not-medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Furthermore, the patient's medical records state that the patient has been having "stomach issues." NSAIDs are contraindicated for patients with gastrointestinal complications due to the risk of NSAID associated ulcer formation. Therefore, motrin 800mg prescription is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for omeprazole use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that she has a history of "stomach issues". However, the patient's medical records do not document that the patient has GERD which is refractory to H2 blocker therapy. PPI with NSAID therapy has not been recommended for this patient due to her gastrointestinal issues. Furthermore, the records do not indicate an active h. pylori infection exists. Therefore, based on the submitted medical documentation, the request for omeprazole 20mg prescription is not medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Lidoderm patch prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may only be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Therefore, based on the submitted medical documentation, the request for Lidoderm patch prescription is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The clinical records submitted do not support

the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. The patient's pain is documented as well controlled when she is taking her medications. In fact, the patient's pain is still described as moderately controlled even though she has not been taking any medications due to recent gastrointestinal distress. Therefore, based on the submitted medical documentation, the request for drug screening is not-medically necessary.