

Case Number:	CM15-0168104		
Date Assigned:	09/08/2015	Date of Injury:	07/02/2012
Decision Date:	10/15/2015	UR Denial Date:	08/07/2015
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: Pennsylvania, Ohio, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 7-2-12. He reported neck, back, and left shoulder pain. The injured worker was diagnosed as having cervical sprain or strain, thoracic sprain or strain, left shoulder sprain or strain, and left shoulder tenosynovitis. Treatment to date has included a left shoulder injection, cervical facet blocks, lumbar facet blocks, acupuncture, physical therapy, aquatic therapy, oral medication, and topical medication. On 7-9-15 neck pain was rated as 7 of 10, thoracic pain was rated as 7 of 10, left shoulder pain was rated as 7 of 10, and left hip pain was rated as 6 of 10. Physical examination findings on 6-8-15 included tenderness to palpation of the cervical paravertebral muscles, thoracic paravertebral muscles, and lumbar paravertebral muscles with spasms. Tenderness to palpation of the anterior shoulder, lateral shoulder, and supraspinatus were also noted. The injured worker had been taking Pantoprazole since at least May 2015. The injured worker had been taking Diclofenac Sodium and Zolpidem since at least July 2015. Currently, the injured worker complains of pain in the cervical spine, thoracic spine, left shoulder, and left hip. On 7-9-15 the treating physician requested authorization for retrospective Pantoprazole 20mg #60, Diclofenac Sodium 100mg #60, and Zolpidem 10mg #30 all for an unknown date of service. On 8-7-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pantoprazole 20mg #60 (unknown DOS): 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, GI symptoms & cardiovascular risk.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.

Retro Diclofenac Sodium 100mg #60 (unknown DOS): Overturned

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): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to the lack of MTUS support for ongoing NSAID use. However MTUS does support ongoing NSAID use after consideration of risks vs. benefits, which are documented in this case. This request is medically necessary.

Retro Zolpidem 10mg #30 (unknown DOS): 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) Treatment Index 11th Edition (web) 2015 Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Pain/Insomnia Treatment.

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Worker's Compensation/Pain/Insomnia Treatment discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.