

Case Number:	CM15-0188571		
Date Assigned:	09/30/2015	Date of Injury:	05/06/2010
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 32-year-old who has filed a claim for chronic elbow, wrist, and neck pain reportedly associated with an industrial injury of May 6, 2010. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve requests for Norco, Ambien, and Zantac. The claims administrator referenced an August 17, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant reported ongoing complaints of elbow, shoulder and neck pain. The applicant was placed off of work, on total temporary disability. The applicant informed her treating provider that she had recently become pregnant. On August 17, 2015, the applicant reported ongoing complaints of left upper extremity pain. The applicant had undergone a carpal tunnel release surgery in 2008, it was reported. Norco, Ambien, and Zantac were all seemingly renewed, while the applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired. The applicant remained "moderately symptomatic," the treating provider reported. The treating provider stated that the applicant would continue home exercises but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #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): Opioids, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability, the treating provider reported on the August 17, 2015 office visit at issue. While stating that the applicant's medications were beneficial, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Ambien 10mg, #20: 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) Work Loss Data Institute, Pain (Chronic) Chapter - Zolpidem (Ambien); ODG, Mental Illness and Stress Chapter - Zolpidem (Ambien); Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. Similarly, the request for Ambien, a sedative agent, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider employing a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien effectively represented treatment which ran counter to the FDA label and which likewise ran counter to ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes, but, rather, should be reserved for short-term use purposes. The attending provider failed to furnish a clear or compelling rationale for continuing usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request is not medically necessary.

Ranitidine 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Pain (Chronic) Chapter - Proton pump inhibitors (PPIs).

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

Decision rationale: Finally, the request for ranitidine (Zantac), an H2 antagonist, is likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine (Zantac) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on or around the date in question, August 17, 2015. The applicant's gastrointestinal review of systems was negative, the treating provider reported on that date. The applicant explicitly denied heartburn, the treating provider reported in the review of systems section of his August 17, 2015 office visit. Therefore, the request is not medically necessary.