

Case Number:	CM15-0023783		
Date Assigned:	02/17/2015	Date of Injury:	02/28/2011
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 with an industrial injury dated 02/28/2011. She presents on 11/20/2014 with complaints of pain in the low back and bilateral legs. She reports medications are helping without side effects. There were spasms throughout the lumbar spine with tenderness to palpation over the sacroiliac joint. Prior treatments included laminectomy and discectomy, physical therapy and medications. MRI of the lumbar and cervical spine is noted in the 08/20/2014 progress note. Diagnoses were: Status post laminectomy and discectomy with instrumentation performed on 02/11/2014. Grade I degenerative spondylolisthesis, Transitional lumbar vertebra at lumbar 5, Lumbar facet arthropathy and stenosis, Lumbar herniated nucleus pulposus, Sacroiliac joint disease, Lumbar radiculopathy confirmed on electro diagnostic studies. MRI of cervical spine. On 01/07/2015 utilization review non- certified the following requests: Ibuprofen 800 mg # 90 one by mouth three times daily. MTUS was cited. Ambien 10 mg # 30 one by mouth every hour of sleep as needed. ODG was cited. Omeprazole 20 mg # 30 one by mouth daily as needed and every night as needed. MTUS was cited. Norco 10/325 mg # 120 one by mouth every 6 hours as needed. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 1 P.O TID With Food,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 52 year old female who injured her back moving an elderly patient on 02/28/2011. She had a lumbar laminectomy, discectomy and instrumentation on 02/28/2011. Motor strength is 5/5 in all extremities. MTUS guidelines note that NSAIDS should be taken in the lowest dose for the least amount of time since they are associated with GI, renal, cardiovascular adverse effects and they also decrease healing of soft tissue injuries. The long term use of NSAIDs in this patient has not been associated with functional improvement and Ibuprofen is not medically necessary.

Omeprazole 20mg #30 1 P.O. QD PR QHS PRN,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 52 year old female who injured her back moving an elderly patient on 02/28/2011. She had a lumbar laminectomy, discectomy and instrumentation on 02/28/2011. Motor strength is 5/5 in all extremities. The patient is not in a MTUS high risk group for proton pump inhibitors (PPI). She is less than 65 years of age and there is no documentation of peptic ulcer disease, GI bleed, use of steroids, ASA or anticoagulants. She does not meet MTUS guidelines for PPI use. Also, long term use of PPI may be associated with hip fractures.

Norco 10/325mg, #120 1 P.O. Q6h PRN,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

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

Decision rationale: The patient is a 52 year old female who injured her back moving an elderly patient on 02/28/2011. She had a lumbar laminectomy, discectomy and instrumentation on 02/28/2011. Motor strength is 5/5 in all extremities. S guidelines for on-going opiate treatment includes documented analgesia, improved functionality with respect to the ability to do activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal

behavior. The documentation provided for review does not meet those criteria and Norco long term is not medically necessary. Adjustment for weaning is indicated.

Ambien 10mg #30 1 P.O QHS PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Industrial Relations, Division of Workers Compensation Official Disability Guidelines (ODG), Pain Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien (Zolpidem)

Decision rationale: The patient is a 52 year old female who injured her back moving an elderly patient on 02/28/2011. She had a lumbar laminectomy, discectomy and instrumentation on 02/28/2011. Motor strength is 5/5 in all extremities. The patient has been taking Ambien long term and that is not consistent with ODG or the FDA approved package insert. The use of Ambien for more than 35 days is not consistent with the FDA indications for safe and effective treatment and is experimental and investigational treatment.