

Case Number:	CM15-0038978		
Date Assigned:	03/09/2015	Date of Injury:	10/11/2011
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The 39 year old male injured worker suffered an industrial injury on 10/11/2011. The diagnoses were thoracic sprain/strain, lumbar disc protrusion, lumbar disc protrusion, and bilateral meniscal tear. The diagnostic study was lumbar spine magnetic resonance imaging. The treatments were medications and home exercise program. Recent notes from the treating provider reported residual back pain 1-2/10, with decrease to 0/10 using prescribed medications. There was tenderness and reduced range of motion of the lumbar spine with spasms of the lumbar muscles. There was radiation down the right lower extremity with numbness and tingling. The treating physician requested Ambien 10 mg #30, ibuprofen 800 mg #90, omeprazole 20 mg #60, and Norco 10/325 mg #30 on 1/26/2015. Utilization Review on 1/29/2015 non-certified the request citing CA MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #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) and Mosby's Drug Consult.

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

Decision rationale: The MTUS does not address Ambien, but according to the ODG cited, Ambien is a short-acting hypnotic that can be used to treat insomnia for a short-term (7-10 days). It is generally never recommended for long-term use, can be habit-forming, and may increase pain and depression over time. Although the injured worker has been long-term on Ambien, there is no documentation concerning current symptoms of sleep dysfunction or efficacy. Based on the medical records available, Ambien 10 mg #30 is not medically necessary.

Ibuprofen 800 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

Decision rationale: The MTUS guidelines cited state that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. However, in acute exacerbations of LBP, NSAIDs are recommended as a second-line treatment, and for neuropathic pain, it may be useful for breakthrough pain. The injured workers (IW) baseline pain is overall around 1-2/10, but without medications will increase to 2-3/10. The IW has stated that the pain decreases to 0/10 with medications, but there is no documentation of objective functional benefit. Based on the available medical records and guidelines cited, ibuprofen 800 mg #90 is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as omeprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician note, the injured worker is on NSAIDs per report, but he does not meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for omeprazole 20mg #60 is not medically necessary.

Norco 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The IW's records have included documentation of the pain with and without medication, no significant adverse effects, no abnormal behavior, and urine drug testing. However, there was no documentation available for a pain contract, failure of first-line medications, or documentation of objective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals, and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical records and guidelines cited, the request for Norco 10/325 mg #30 is not medically necessary.