

Case Number:	CM15-0046335		
Date Assigned:	03/20/2015	Date of Injury:	04/21/2010
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/11/2015

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 61-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 21, 2010. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve a request for Motrin, Ambien, Prilosec, and Neurontin. A February 6, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 6, 2015, the applicant was given several topical compounds, dietary supplements, Motrin, Prilosec, a knee brace, and Neurontin. Highly variable complaints of 5-8/10 knee and low back pain complaints were evident. Bending and kneeling remained problematic, the treating provider acknowledged. Permanent work restrictions were apparently renewed. It did not appear that the applicant was working with said permanent limitations in place, although this was not clearly stated. No discussion of medication efficacy transpired. In a progress note dated November 11, 2014, the applicant's permanent work restrictions were renewed, as were Ativan and Naprosyn. The note was likewise difficult to follow, handwritten, and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen (Motrin) 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Motrin do represent the traditional first line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, no discussion of medication efficacy transpired. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) affected as a result of ongoing Motrin usage. The fact that the permanent work restrictions were seemingly renewed, unchanged, from visit to visit, however, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Zolpidem Tartrate (Ambien) 10mg: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08.

Decision rationale: Similarly, the request for Ambien, a sleep-aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending using 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 Administrator (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 represented treatment in excess of the FDA parameters. No compelling applicant-specific rationale or medical evidence were attached to the RFA so as to offset the unfavorable FDA position article at issue. Therefore, the request was not medically necessary.

Omeprazole (Prilosec) 20mg #60: Upheld

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

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

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on several handwritten progress notes of late 2014 and/or early 2015, referenced above. Therefore, the request was not medically necessary.

Gabapentin (Neurontin) 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Finally, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the attending provider's handwritten progress notes contained little-to-no discussion of medication efficacy. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing gabapentin usage (if any). The fact that the applicant's permanent work restrictions were renewed, seemingly unchanged, from visit to visit, however, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing gabapentin usage. Therefore, the request was not medically necessary.