

Case Number:	CM15-0055859		
Date Assigned:	04/01/2015	Date of Injury:	09/13/2005
Decision Date:	05/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 female who reported injury on 09/13/2005. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine and a CT scan of the lumbar spine. The injured worker's medications included opiates, NSAIDs, and antidepressants as of at least 09/03/2014. There was a Request for Authorization submitted for review dated 12/19/2014. The documentation of 12/10/2014 revealed the injured worker had complaints of neck pain and low back pain as well as ongoing headaches. The pain was rated 4/10 with medications and 9/10 without medications. The injured worker had GERD related to medications. The injured worker had constipation with current stool softeners to control symptoms. The injured worker reported that the use of antidepressants, anti-seizure medications, muscle relaxants, NSAIDs, opioids, and sleep aid medications was helpful. The injured worker reported 60% improvement due to therapy. The injured worker had an ability to attend church, bathe, brush teeth, comb and wash hair, concentrate, dress, and had a change in mood, a change with sitting, sleeping, standing, walking in the neighborhood, and washing dishes. The injured worker had spasms bilaterally in the trapezius muscles and tenderness to palpation in the bilateral paravertebral area. The injured worker had myofascial trigger points with a twitch response. The lumbar spine evaluation revealed a well-healed surgical scar with spasm in the bilateral paraspinal musculature and tenderness to palpation in the bilateral paravertebral area at L4-S1. The diagnoses included cervical and lumbar radiculopathy, status post fusion, lumbar spine, insomnia, chronic pain other, status post removal of hardware, dental trauma, and associated chronic medication use for injury. The injured worker was noted to have a moderate severity of

clinical insomnia. The injured worker developed opiate tolerance due to long-term opiate use. The treatment plan included a continuation of Ambien, as it was beneficial, ibuprofen for pain and inflammation, and Zantac to limit gastrointestinal effects, and medications that were discontinued included Wellbutrin, gabapentin, Protonix, Senokot S, tizanidine, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Tab; 1 Tablet every 6hrs #120 Ref:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain. Ongoing management. Opioid dosing Page(s): 60, 78, 86. Decision based on Non-MTUS Citation www.dea.gov/index.shtml.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. On 10/06/2014, the Drug Enforcement Administration (DEA) move medications like Lortab, Norco, Vicodin and generic formulations from Schedule III to Schedule II. No refills are allowed. The clinical documentation submitted for review failed to provide documentation of exceptional factors. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation, as per the DEA there can be no refills for this requested medication. Given the above, the request for Norco 10/325mg Tab; 1 Tablet every 6hrs #120 Ref: 1 is not medically necessary.

Zantac 150mg Tablet; 1 Tablet twice a day #60 Ref:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/zantac-drug.htm.

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

Decision rationale: The California MTUS Guidelines recommend H2 receptor antagonists for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication Zantac was being utilized for gastrointestinal upset. However, there was a lack of documented efficacy. There was a lack of documented rationale for 1 refill without re-evaluation. Given the above, the request for Zantac 150mg Tablet; 1 Tablet twice a day #60 Ref: 1 is not medically necessary.

Ambien 10mg Tablet; #30 Ref:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines indicate zolpidem (Ambien) is appropriate for the short term treatment of insomnia, 7 to 10 days. The clinical documentation submitted for review indicated the injured worker had insomnia. However, the efficacy of the medication was not provided. There was a lack of documentation of exceptional factors to support continued usage as the injured worker had utilized the medication for an extended duration of time. There was a lack of documented rationale for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10mg Tablet; #30 Ref: 1 is not medically necessary.

Bupropfen 600mg Tablet; 1 Tablet every 8hr #90 Ref: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain. Additionally, this medication is noted to be for short-term symptomatic relief. The injured worker had utilized the medication for an extended duration of time. There was a lack of documented rationale for 1 refill without re-evaluation. Given the above, the request for Ibuprofen 600mg Tablet; 1 Tablet every 8hr #90 Ref: 1 is not medically necessary.