

Case Number:	CM15-0057656		
Date Assigned:	04/02/2015	Date of Injury:	05/18/2007
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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, California
 Certification(s)/Specialty: 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 injured worker is a 51 year old female, who sustained an industrial injury on 5/18/07. She reported back injury. The injured worker was diagnosed as having lumbar spinal stenosis and lumbar/lumbosacral disc degeneration. Treatment to date has included oral medications including opioids and anti-inflammatories, topical medications, physical therapy, home exercise program and activity restrictions. Currently on 2/10/15, the injured worker complains of ongoing low back pain with radiation down right leg. Upon physical exam, restricted range of motion of lumbar spine is noted with tenderness on palpation midline to paralumbar musculature bilaterally and decreased sensation to right lateral thigh, positive SLR and lower leg and normal gait. The treatment plan is to continue Norco, Ibuprofen, Ranitidine, Soma and Ambien. The patient has had urine drug screen test on 2/12/15 and on 10/1/14 that was consistent for Norco. The medication lists include Norco, Ibuprofen, Ranitidine, Soma and Ambien. The patient's surgical histories include lumbar fusion and shoulder arthroscopy. The patient has had history of gastrointestinal tract upset with NSAID A recent detailed examination of the gastrointestinal tract was not specified in the records provided

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 7.5/325mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Request: 90 Norco 7.5/325mg with 2 refills Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 90 Norco 7.5/325mg with 2 refills is not established for this patient.

30 Ranitidine 300mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2010, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Thomson Micromedex Ranitidine (Zantac) Hydrochloride-FDA-Labeled Indications.

Decision rationale: 30 Ranitidine 300mg with 2 refills Per the CA MTUS NSAIDs guidelines cited below, clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. A recent detailed examination of the gastrointestinal tract was not specified in the records provided a history of GI symptoms or any evidence of high risk for GI events are not specified in the records provided. According to the Thomson Micromedex, FDA labeled indications for Zantac / Ranitidine are: Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer,

Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome. Any of the above listed indications in this patient, are not specified in the records provided. The medical necessity of 1 Prescription of 30 Ranitidine 300mg with 2 refills is not established for this patient.

30 Ambien 5mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/06/15) Zolpidem.

Decision rationale: 30 Ambien 5mg with 2 refills Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 8 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for 30 Ambien 5mg with 2 refills is not fully established in this patient.