

Case Number:	CM15-0083902		
Date Assigned:	05/06/2015	Date of Injury:	09/27/2003
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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 43-year-old who has filed a claim for chronic knee, shoulder, neck, and low back pain reportedly associated with an industrial injury of September 27, 2003. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve requests for Norco, Ambien, Motrin, and Prilosec apparently prescribed and/or dispensed on or around April 15, 2015. The applicant's attorney subsequently appealed. In a progress note dated April 15, 2015, the applicant reported ongoing complaints of neck and low back pain, 8/10 without medications versus 2/10 with medications. The applicant was reportedly working, it was suggested. The applicant's medication list included Motrin, Ambien, Prilosec, and Norco, it was suggested. There was, however, no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia in the body of the progress note and no mention of whether or not ongoing usage of Prilosec was or was not effectual. The attending provider also suggested that the applicant use Ambien nightly but did not explicitly state whether the applicant was or not having issues with insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 04/15/2015) Norco 10/325 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids page(s): 80.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently returned to regular duty work as of the date in question, April 15, 2015. The applicant reported 8/10 pain complaints without medications versus 2/10 pain with medications. It did appear, in short, that ongoing usage of Norco had proven beneficial here. Therefore, the request is medically necessary.

Retrospective (DOS 04/15/2015) Ambien 5 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), Pain Chapter, Zolpidem Section.

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 U.S. Food and Drug Administration.

Decision rationale: Conversely, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider 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 Drug Administration (FDA) notes, however, Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request in questions was framed as a renewal request for Ambien, suggesting that the attending provider was intent on using Ambien for chronic, long-term, and/or scheduled use purposes, for sedative effect. This is not, however, an FDA-endorsed role for the same. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request is not medically necessary.

Retrospective (DOS 04/15/2015) Motrin 800 mg #60: Overturned

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 page(s): 22.

Decision rationale: Conversely, the request for Motrin (ibuprofen), an anti-inflammatory medication, was medically necessary, medically appropriate, or indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. As with the request for Norco, the applicant had apparently demonstrated a favorable response to ongoing usage of Motrin, as evinced by the applicant's successful return to and maintenance of full-time, regular duty work status with the same. The applicant was likewise deriving appropriate analgesia with ongoing Motrin usage, the treating provider reported on April 15, 2015. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Retrospective (DOS 04/15/2015) Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

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

Decision rationale: Finally, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec (omeprazole) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on the April 15, 2015 progress note at issue. The treating provider did not state whether or not ongoing usage of Prilosec was or was not effective for whatever purpose it had been prescribed. Therefore, the request is not medically necessary.