

Case Number:	CM15-0086828		
Date Assigned:	05/12/2015	Date of Injury:	12/06/2008
Decision Date:	06/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 injured worker is a 55 year old, male who sustained a work related injury on 12/6/08. The diagnoses have included postlaminectomy syndrome lumbar region, chronic pain and pain in joint, ankle and foot. Treatments have included rest, physical therapy, lumbar surgery, ice/heat therapy, home exercises, use of a cane, use of a spinal cord stimulator, oral medications and medicated cream. In the PR-2 dated 3/26/15, the injured worker complains of low back pain and bilateral foot pain. He describes the pain as constant, hot-burning and stabbing. He has pain that radiates to both legs. His pain level is 5/10. The pain is made worse with increased activity and movement. He states the pain gets better with medications, physical therapy and rest. The treatment plan includes refill prescriptions for oral medications and medicated pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 10mg #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-70.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. The injured worker has had Toradol injections previously, and the efficacy of these injections has been established by a reduction in the injured workers pain and increase in function, Ketorolac is not recommended for chronic pain and the injured worker has chronic pain with no evidence of an acute exacerbation. The request for Ketorolac 10mg #3 is determined to not be medically necessary.

Zolpidem 10mg #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, Pain Chapter, Ambien.

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/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid, The injured worker has been taking Ambien for an extended period which is not consistent with ODG recommendations. The request for Zolpidem 10mg #30 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDsGI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is evidence that the injured worker has had gastrointestinal events related to taking NSAIDs, however, this is a duplicate request submitted at the same time as another identical request for Omeprazole submitted on the same day. The request for Omeprazole 20 mg #30 is not medically necessary.

Triamcinolone Acetonide 0.025% topical cream 15 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Corticosteroids (topical).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter/Corticosteroids (Topical) Section.

Decision rationale: MTUS Guidelines do not address the use of topical corticosteroids in the feet, therefore, other guidelines were consulted. The Official Disability Guidelines (ODG) state the use of topical corticosteroids is under study. Not widely used or recommended, but limited evidence exists for the effectiveness of local corticosteroid therapy in reducing plantar heel pain. Although the injured worker has had pain relief with the use of triamcinolone cream in the past, they are not recommended by the guidelines, therefore, the request for Triamcinolone Acetonide 0.025% topical cream 15 grams is not medically necessary.