

Case Number:	CM14-0117303		
Date Assigned:	08/06/2014	Date of Injury:	04/04/1990
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71-year-old male who reported an injury on 04/04/1990. The mechanism of injury was not submitted for review. The injured worker has diagnoses of back pain, lumbar radiculopathy, degenerative disc disease of the lumbar spine, depression and anxiety. Past medical treatment consists of physical therapy, aquatic therapy, stretching, and medication therapy. Medications include Lidoderm, Protonix, Effexor, ibuprofen, Lyrica, Ambien, Xanax, and Norco. There was a urine drug screen done in 06/2014 which was positive for alcohol. On 07/14/2014, the injured worker complained of low back pain. It was noted in the submitted report that pain was made worse by lifting, sitting, bending, physical activity, standing, twisting, weather, and no sleep. The pain was made better by sleep, rest, heat, medications, nerve blocks, walking, ice, changing positions. In the last month, with medications, the injured worker stated that the least pain was 4/10, the average pain was 6/10 and the worst pain was 8/10 with 1 being the least and 10 being the worst. In the last month, without medications, the injured worker stated that the least pain was 7/10, the average pain was 8/10, and the worst pain was 10/10. Examination of the lumbar spine revealed that the injured worker was tender to palpation. The report did not indicate any quantifiable evidence of range of motion, motor strength, or sensory deficits. The treatment plan is for the injured worker to continue medication therapy. There was a urine drug screen done in 06/2014 which was positive for alcohol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0./25mg #30 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Xanax, Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 0./25mg #30 x 2 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. It was noted in the submitted documentation that the injured worker had been taking Xanax since at least 04/2014, exceeding the recommended guidelines for short term use. There was also a lack of efficacy of the medication documented to support the continuation. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, based on the documents provided for review, the request is not medically necessary.

Ambien 10mg #60 x 2: 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, Treatment for Insomnia (Ambien).

Decision rationale: The request for Ambien 10mg #60 x 2 is not medically necessary. The Official Disability Guidelines indicate Ambien is a prescription short acting nonbenzodiazepine hypnotic, appropriate for the short term treatment of insomnia, generally 2 to 6 weeks. The request as submitted is for Ambien 10 mg with a quantity of 60x2 which totals 4 months. The Official Disability Guidelines stipulate that this medication should be short term, generally 2 to 6 weeks, exceeding the recommended guidelines. Furthermore, the efficacy of the medication was not documented in the submitted report. As such, the request for Ambien 10mg #60 x 2 is not medically necessary.

Norco 10/325mg #240 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

Decision rationale: The request for Norco 10/325mg #240 x 2 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that the usual dose is 5/500 mg, 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain with a max of 8 tablets per day. Guidelines also state that prescriptions should be from a single practitioner taken as directed, and

all prescriptions from a single pharmacy. The lowest dose should be prescribed to improve pain and function. The MTUS state that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, an increased level of function or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. The submitted documentation did not indicate side effects the injured worker may be having with the medication. Additionally, there was no evidence submitted for review indicating that the Norco was helping with any functional deficits. Guidelines also indicate that there should be the use of drug screen or urinalysis submitted for review. A urinalysis was submitted in 06/2014 which came up positive for alcohol. With the results, the injured worker was not within the recommended guidelines. Furthermore, guidelines recommend Norco be given at its lowest dosage of 5/500 mg. The request is for 10/325 exceeding the recommended guidelines. As such, the request for Norco 10/325mg #240 x 2 is not medically necessary.

Protonix 20mg #60 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protonix GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix 20mg #60 x 2 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patient at risk for gastrointestinal events. Proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy, or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The documentation submitted on 07/14/2014 did not indicate that the injured worker had any signs of dyspepsia. Furthermore, there was no evidence indicating that the injured worker might be at high risk for gastrointestinal events. The request as submitted did indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Protonix 20mg #60 x 2 is not medically necessary.

Ibuprofen 800mg #60 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

Decision rationale: The request for Ibuprofen 800mg #60 x 2 is not medically necessary. The California MTUS Guidelines indicate that ibuprofen is a nonsteroidal anti-inflammatory drug

(NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As guidelines state, ibuprofen is recommended for relief of osteoarthritis, but also states that it is recommended at its lowest effective dose and the duration of time; dosage is 400 mg by mouth every 4 to 6 hours as needed. The request as submitted is for ibuprofen 800 mg, it does not specify a frequency or duration of the medication. With no frequency documented in the requests, it is unclear whether the injured worker is within the recommended guidelines. The submitted documentation shows that the injured worker had been prescribed ibuprofen since at least 03/19/2014. Long term use of ibuprofen can put people at high risk for developing NSAID induced gastric ulcers. Furthermore, the efficacy of the medication was not provided to support continuation of the requested medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Ibuprofen 800mg #60 x 2 is not medically necessary.