

Case Number:	CM14-0126785		
Date Assigned:	08/25/2014	Date of Injury:	10/14/2005
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, hypertension, gastritis, and insomnia reportedly associated with an industrial injury of February 8, 2007. In a Utilization Review Report dated July 11, 2014, the claims administrator denied a request for Carafate, approved a request for Zocor, approved a request for Protonix, approved a request for Imitrex, and approved a request for Colace. The applicant's attorney subsequently appealed. In a handwritten note dated July 2, 2014, the applicant was given diagnoses of hypertension, gastritis, insomnia, dyslipidemia, headaches, and constipation. Preprinted checkboxes were employed, with little or no narrative commentary. The applicant did have issues with bloating and epigastric abdominal pain, it was stated. The applicant weighed 214 pounds. The applicant was asked to continue current medications, which reportedly included the Carafate and Ambien at issue. Little to no narrative commentary was attached. There was no discussion of medication efficacy. In a June 10, 2014 progress note, the applicant was described as having persistent complaints of knee and low back pain. The applicant had failed recent lumbar spine surgery, it was stated. Further lumbar spine surgery was sought. Home health services were also endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carafate 1gm #120: 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 Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Carafate Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Carafate usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that 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 some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Carafate is indicated in the short-term treatment of active duodenal ulcers. In this case, the attending provider's handwritten progress note made no mention of any active duodenal ulcers for which selection and/or ongoing usage of Carafate was indicated. Again, this and other medications were refilled through usage of preprinted checkboxes, with little to no narrative commentary justifying medication selection and/or ongoing usage. Therefore, the request is not medically necessary.

Ambien 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that 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 some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien, a sleep aid, is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, it appears that the attending provider is intent on employing Ambien for chronic, long-term, and scheduled use purposes. This is not an FDA-approved role for Ambien. No compelling applicant-specific rationale or medical evidence was furnished so as to offset the unfavorable FDA position on Ambien. Again, the progress note and Request for Authorization Form in question contained little to no narrative commentary and did not make any case for selection and/or ongoing usage of Ambien. Accordingly, the request is not medically necessary.