

Case Number:	CM14-0127133		
Date Assigned:	08/13/2014	Date of Injury:	11/09/1998
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
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 Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 57-year-old male who reported an injury on November 9, 1998. The mechanism of injury was not provided. The injured worker has diagnoses of cervicalgia, cervical spine pain, lumbar spine pain, insomnia, right leg radiculopathy, and esophageal reflux. Past medical treatment included a TENS unit, medications, and physical therapy. Diagnostic testing included lumbar x-rays done on April 1, 2014, and an MRI of the cervical spine on May 24, 2014. The injured worker underwent a cervical spine fusion in July of 1999. The injured worker complained of neck and left sided parascapular pain on July 21, 2014. The injured worker described his pain as aching, sharp, stabbing, and tightness to the parascapular area. The injured worker rated his pain at 7/10 on the pain scale. The physical examination revealed cervical extension to be limited and pain with facet palpation was present. Medications included methocarbamol (Robaxin) 500 mg, Norco 10 mg/325 mg, Cymbalta 60 mg, lidocaine patches 5%, Prevacid, Ambien 10 mg, and Ativan. The treatment plan was for Ambien 10 mg #30, no refills; Norco 10 mg/325 mg #120 with no refills; and Prevacid 30 mg #30 with no refills. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, thirty count: Upheld

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

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

Decision rationale: The injured worker complained of cervical pain. The injured worker has a diagnosis of Insomnia. The Official Disability Guidelines state Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers and there is also concern that they may increase pain and depression over the long-term. The frequency of the requested medication was not provided. The documentation submitted states the injured worker has been prescribed Ambien since at least March 2014; the continued use of Ambien exceeds the guidelines recommendation for the short-term use (usually two to six weeks) of the treatment of insomnia.. There is a lack of documentation indicating Ambien has provided a reduction in time to sleep onset, improved sleep maintenance, avoidance of residual effects and an increase in next-day functioning. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Ambien 10 mg, thirty count, is not medically necessary or appropriate.

Norco 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The injured worker complained of neck and left sided parascapular pain on July 21, 2014. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and 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 patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has improved function and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. There is a lack of documentation indicating urine drug screening has been performed. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the

necessity of the medication. Therefore, the request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.

Prevacid 30 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI use with NSAIDS Page(s): 68.

Decision rationale: The injured worker does have a diagnosis of Reflux. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as Prevacid) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. There is lack of documentation indicating the injured worker was prescribed an NSAID medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. Therefore the request for Prevacid 30 mg, thirty count, is not medically necessary or appropriate.