

Case Number:	CM14-0141187		
Date Assigned:	09/10/2014	Date of Injury:	01/09/2011
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 58 year old female who reported an injury on 01/09/2011; the mechanism of injury was not provided. Diagnoses included bilateral shoulder pain with rotator cuff tears by history, left-sided lateral epicondylitis, bilateral chronic trapezial strain, chronic cervical strain, and probable depression related to her industrial injury. Past treatment included medication. Diagnostic studies and surgical history was not provided. The clinical note dated 07/11/2014 indicated the injured worker complained of bilateral shoulder pain. She stated that Ultracet caused grogginess and requested Nabumetone as it helped with pain without grogginess. Physical exam revealed grip strength on the left 22/23/24 PSI. Current medications included famotidine 40 mg, Nabumetone 500 mg, and Ambien 10 mg. The treatment plan included 30 capsules of omeprazole 20 mg, 30 tablets of zolpidem 10 mg, and 60 tablets of nabumetone 750 mg. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: The request for 30 capsules of omeprazole 20 mg is not medically necessary. The California MTUS guidelines state the indicators to determine if the patient is a risk for gastrointestinal events include age over 65 years; history of peptic ulcer, GI bleeding, or perforation; or concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The clinical documentation indicated the injured worker complained of bilateral shoulder pain. There is lack of evidence that the injured worker previously had complaints of gastrointestinal upset while using NSAIDs, or was at risk for a gastrointestinal events. There is no indication that the injured worker had a history of gastrointestinal bleed, peptic ulcer, or perforation. There is a lack of documentation indicating the injured worker has significant gastrointestinal complaints. Additionally the request does not indicate the frequency for taking the medication. Therefore the request for 30 capsules of Omeprazole 20 mg is not medically necessary.

30 Tablets of Zolpidem 10mg: 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), Treatment Index, 11th Edition (web), 2014, Pain, Insomnia Treatment, Zolpidem (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, Zolpidem (Ambien)

Decision rationale: The request for 30 tablets of Zolpidem 10 mg is not medically necessary. The Official Disability Guidelines state that Zolpidem is a prescription short-acting Non-Benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is concern that they may increase pain and depression over the long-term. The injured worker complained of bilateral shoulder pain. The injured worker had been taking the medication since at least 03/14/2014; continued use would exceed the guideline recommendation for a short course of treatment. There is a lack of clinical documentation to indicate the injured worker had insomnia. There is also a lack of clinical documentation to indicate the continued use of zolpidem beyond the guideline recommendation of two to six weeks. There is a lack of documentation indicating the injured worker had improved sleep hygiene with the medication. Additionally, the request does not indicate the frequency for taking the medication. Therefore the request for Zolpidem 10 mg is not medically necessary.

60 Tablets of Nabumetone 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for 60 tablets of nabumetone 750 mg is not medically necessary. The California MTUS guidelines indicate that NSAIDs, like nabumetone, are recommended for patients with osteoarthritis at the lowest dose for the shortest period of time. The injured worker complained of bilateral shoulder pain. She stated that Ultracet caused grogginess and requested Nabumetone as it helped with pain without grogginess. There is a lack of documented evidence to indicate the injured worker had osteoarthritis. Additionally, the request does not indicate the frequency for taking the medication. Therefore the request for 60 tablets of nabumetone 750 mg is not medically necessary.