

Case Number:	CM14-0184156		
Date Assigned:	11/12/2014	Date of Injury:	01/23/2006
Decision Date:	12/19/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 61 year old female who was injured on 1/23/2006. The diagnoses are headache, cervical radiculopathy, cervical stenosis, neck, bilateral shoulders and low back pain. There are associated diagnoses of obesity and insomnia. The MRI of the cervical spine showed multilevel disc bulges, spinal stenosis and foraminal stenosis, the knee and shoulder showed degenerative joint disease. The patient had completed epidural steroid injections, aquatic therapy, Physical Therapy and home exercise program. On 10/23/2014, [REDACTED] noted subjective complaint of pain all over the body associated with numbness of the upper and lower extremities. The pain score was rated as 8/10 with medications and 9/10 without medications. There was objective finding of muscle spasm, decreased range in motion of affected parts and positive straight leg raising test. The patient was able to accomplish ADL and household chores with utilization of the medications. The medications are Norco for pain, Ambien for sleep, Soma for sleep. A Utilization Review determination was rendered on 10/27/2014 recommending non certification for Ambien 10mg #30, Prilosec 20mg #60 1 refill, Soma 350mg #90 and Toradol 60mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 one tab QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Mental Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedatives and sleep medications should be limited to periods to short term periods to limit the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient is also utilizing sedating muscle relaxants and opioids concurrently. The guidelines and the FDA recommend that the dosage of Ambien be limited to 5mg in female in this age group because of significant increased risk of fatalities from adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Ambien for periods longer than the guidelines recommended maximum duration of 3 months periods. The criteria for the use of Ambien 10mg #30 QHS is not met. Ambien is not medically necessary.

Prilosec 20mg #60cap BID plus one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis and for treatment of patients with as history of gastrointestinal disease. The records did not show that the patient is utilizing chronic oral NSAIDs medications. There is no documentation of symptomatic gastrointestinal disease. The criteria for the use of Prilosec 20 mg BID #60 1 refill is not met. Prilosec is not medically necessary.

Soma 350mg #90 one tab BID as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The use of Soma is associated with greater sedative effects than other muscle relaxants because it is metabolized to meprobamate an anesthetic

sedative product. The records indicate than Soma had been utilized for prolonged periods. The use of Soma with opioids and other sedatives is associated with increased risk of adverse drug interactions. The criteria for the use of Soma 350mg BID #90 are not met. Soma is not medically necessary.

Toradol 60mg injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines do not recommend that use of injectable NSAIDs in the treatment of chronic musculoskeletal pain. The use of Toradol is FDA approved for the treatment of severe acute pain only in the acute care and surgical setting. The records did not indicate that the patient was being treated for severe acute pain. The record did not show that the patient failed oral NSAIDs treatments. The criteria for the use of Toradol 60mg injection were not met. Toradol is not medically necessary.