

Case Number:	CM14-0103544		
Date Assigned:	07/30/2014	Date of Injury:	05/15/2004
Decision Date:	06/03/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 32 year old male who sustained an industrial injury on 5/15/04. He reported left index finger injury. The injured worker was diagnosed as having complex laceration over the dorsum of left index finger/extensor tendon laceration of the left index finger, status post-surgery with residual dysesthesia, secondary insomnia due to chronic pain and secondary gastrointestinal upset. Treatment to date has included surgical repair of left index finger, oral medications, activity restrictions, physical therapy, and home exercise program. Norco, soma, zantac, and iodine were prescribed in 2007. Medications in November 2013 included norco for pain, soma for muscle spasm, ambien for sleep difficulty, and omeprazole for GI upset due to chronic opioid use. Left index finger pain was rated at 7/10 in severity in November 2013, 6/10 in severity in February 2014, and 6/10 in severity in May 2014. Naproxen was prescribed in February 2014. As of May 2014, the injured worker was noted to be working daily. At a visit on 5/14/14, the injured worker complained of left index finger pain and dysesthesia with cramping, insomnia due to chronic pain and upset stomach due to use of pain medication. Home exercises and use of ice were noted to be helpful for decreasing swelling and controlling pain. Physical exam showed altered sensation to light touch over surgical scar of left index finger. The treatment plan included continuation of Norco, Soma, Omeprazole, decrease of Ambien and request for authorization of Naproxen. On 6/4/14, Utilization Review (UR) non-certified or modified requests for the medications currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, weaning Page(s): 74,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic pain in the left index finger. Norco has been prescribed for at least 6 months and possibly for years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The injured worker was noted to be working daily, with no discussion of work restrictions; however, no functional goals or opioid contract were discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The prescribed opioid was noted to cause GI upset. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Soma 350 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low

back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for at least 6 months and possibly for many years. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to duration of use in excess of the guidelines, and lack of recommendation of Soma by the guidelines, the request for Soma is not medically necessary.

Ambien 10 MG # 15: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain chapter: insomnia treatment, Ambien.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. In this case, ambien has been prescribed for at least 6 months. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Due to lack of sufficient evaluation of sleep disturbance, and duration of use in excess of the guidelines, the request for ambien is not medically necessary.

Omeprazole 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptom, cardiac risk Page(s): 67.

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

Decision rationale: This injured worker has been prescribed naproxen, a nonsteroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Omeprazole has been prescribed for at least 6 months, for GI upset due to chronic opioid use. There was no documentation of symptoms of reflux. No abdominal examination was documented. If one were to presume that a medication were to be the cause of the GI upset, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. In this case, there is no evidence of any attempts to determine the cause of symptoms, including attempts to adjust medications. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of specific indication, and unstated quantity requested, the request for omeprazole is not medically necessary.