

Case Number:	CM14-0211076		
Date Assigned:	12/23/2014	Date of Injury:	12/01/2009
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Primary diagnoses include fibromyalgia and lumbosacral radiculitis. On 11/17/2014, the patient was seen in primary treating physician followup. The patient was concerned about lack of authorization for various medications and indicated that she had gotten them through private insurance, but there was some economic concern in that regard. Medications were noted to include Alprazolam, Celebrex, Citalopram, Calcium, and Fish Oil. The Treating physician recommended refilling medications including Ambien, Cymbalta, and Omeprazole. Previously on 05/29/2014, the patient as seen in follow up, the treating physician reported that 15 minutes were spent including counseling and coordination of care of review of goal-setting. Medications were recommended for continuation including Ambien, Cymbalta, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, 1 at bedtime, refills x 3: 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 Workers Compensation TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Pain - Insomnia treatment.

Decision rationale: California Medical Treatment Utilization Schedule does not specifically discuss this medication. Official Disability Guidelines/Treatment in Workers Compensation/Insomnia treatment does discuss Ambien, noting this is recommended for short-term use, generally up to 7 days. The medical records do not provide a rationale or indication as to why this patient would be an exception and would require this medication on an ongoing basis, particularly without significant details regarding evaluation of the cause of sleep disturbance. Thus, the request for Ambien is not supported by the treatment guidelines. This request is not medically necessary.

Cymbalta 30mg by mouth twice a day, refills x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, Section on Cymbalta page 15, states that this medication is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and can be used off-label for neuropathic pain and radiculopathy. While this patient may have indications for this medication, the medical records are very limited in terms of the efficacy of this treatment. Therefore, it is not possible to establish an indication for continuing this medication on an ongoing basis. This request is not medically necessary.

Omeprazole 20 mg once a day, refills x 3: 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 Workers Compensation TWC, PPI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory medications and gastrointestinal symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms page 68 recommends the clinician should determine if the patient is at risk for gastrointestinal events. The records do not discuss risk factors as to why this patient requires gastrointestinal prophylaxis. Overall the records and guidelines do not support this request. The request for Omeprazole in this case is not medically necessary.