

Case Number:	CM15-0014531		
Date Assigned:	02/02/2015	Date of Injury:	12/12/2002
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona

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:

The injured worker is a 58-year-old male who reported an injury on 07/11/2010. The mechanism of injury was not specifically stated. The current diagnoses include cervical radiculopathy, lumbar disc degeneration, chronic pain, failed back surgery syndrome, lumbar postlaminectomy syndrome, lumbar radiculopathy, status post lumbar fusion, GERD, insomnia, and medication related dyspepsia. The injured worker presented on 12/22/2014 with complaints of neck pain, low back pain, abdominal pain, and insomnia. Upon examination of the cervical spine, there was spasm noted bilaterally in the paraspinal muscles, spinal vertebral tenderness at C4 through C7, trapezius tenderness bilaterally, limited flexion to 40 degrees, extension to 10 degrees, decreased sensation in the bilateral upper extremities in the C5 dermatome, and decreased deep tendon reflexes. Upon examination of the lumbar spine, there was tenderness to palpation in the spinal vertebral area of L4 through S1 with limited range of motion secondary to pain. There was also tenderness noted at the right foot. Recommendations at that time included as cervical epidural injection and continuation of the current medication regimen of Ambien 10 mg, Lyrica 50 mg, Norco 10/325 mg, and Protonix 20 mg. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four zolpidem tartrate 10mg quantity 60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. There is also no documentation of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. The guidelines do not recommend long term use of Ambien. There is also no frequency listed in the request. As such, the request is not medically appropriate.

One lyrica 50mg quantity 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): (s) 16, 19, 78, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Antiepilepsy drugs are recommended for neuropathic pain. In this case, the injured worker has continuously utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325mg quantity 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 68-69, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesic. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 08/2014. There was no documentation of objective functional improvement. The injured worker continues to present with complaints of pain over

multiple areas of the body. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Omeprazole 20mg quantity 120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, it is noted that the injured worker maintains a diagnosis of gastroesophageal reflux disease. However, the injured worker has continuously utilized the above medication, and continues to report abdominal pain. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.