

Case Number:	CM15-0046128		
Date Assigned:	03/18/2015	Date of Injury:	01/31/2011
Decision Date:	05/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 66-year-old male who reported injury on 01/31/2011. The mechanism of injury was cumulative trauma. The documentation of 10/01/2012 revealed the injured worker had complaints of lumbar spine pain. The pain was 9/10. The injured worker was unable to perform a toe/heel walk. The injured worker had a positive Milgram's test and a positive straight leg raise at 60 degrees bilaterally. The diagnoses included lumbar spine sprain and strain and right knee sprain and strain. The treatment plan included Ambien 10 mg #30, naproxen 550 mg #60, Fexmid 7.5 mg #60, Prilosec 20 mg #60, and Ultram 50 mg #60, as well as a toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 30 Ambien 10mg DOS: 10/1/2012: 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), Pain (Chronic).

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

Decision rationale: The Official Disability Guidelines indicate that Zolpidem is appropriate for a short term treatment of insomnia. The documentation indicated the injured worker had at least 6 weeks of use of the medication. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective: 30 Ambien 10mg DOS: 10/1/2012 is not medically necessary.

Retrospective: 60 Prilosec 20mg DOS: 10/1/2012: 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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are appropriate for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease. Additionally, they are for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized NSAIDs for an extended duration of time. There was a lack of documentation indicating the injured worker had gastrointestinal signs or symptoms. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective: 60 Prilosec 20mg DOS: 10/1/2012 is not medically necessary.

Retrospective: 60 Ultram 50mg DOS: 10/1/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): s 60 and 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective: 60 Ultram 50mg DOS: 10/1/2012 is not medically necessary.

Retrospective: 1 Therapeutic drug screen DOS: 10/1/2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for Retrospective: 1 Therapeutic drug screen DOS: 10/1/2012 is not medically necessary.