

Case Number:	CM15-0063626		
Date Assigned:	04/09/2015	Date of Injury:	02/23/2000
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female, who sustained an industrial injury on 2/23/00. The injured worker was diagnosed as having disc degeneration, lumbar radiculitis, status post arthrodesis/fusion, lumbar disc bulge, cervical sprain, status post right carpal tunnel release, bilateral carpal tunnel syndrome, right shoulder sprain and bursitis impingement/tendinosis. Treatment to date has included physical therapy, oral medications, cervical spine surgery and topical medications. On 3/10/2013 the injured worker complained of continued intermittent moderate neck pain with radiation to upper extremities, occasional right wrist pain and low back constant moderate pain with occasional radiation to the buttocks. The injured worker states the pain in neck improved with the 1/28/2015 C5-6 fusion surgery. Physical exam of the cervical spine was note performed due to recent cervical spine surgery. The IW was still wearing a cervical fusion. The treatment plan consisted of dispensing of medications: Ambien, Protonix and Duragesic patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 25mcg Qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 36-37, 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The guidelines recommend that Fentanyl patch be utilized as a second line opioid for cancer patients or in patients who cannot tolerate or are resistant to first line oral opioids. The records indicate that the Fentanyl patch was started in the postoperative period because the patient complained of rash with the Dilaudid medication. There was no documentation of failure of NSAIDs and other oral opioid medications. The records noted that the neck pain had significantly diminished following the 1/28/2015 neck surgery. There is no documentation of guidelines mandated compliance monitoring of UDS, CURES data check, absence of aberrant behavior and functional restoration. The criteria for the use of Duragesic 25mcg #10 were not medically necessary.

Protonix 20mg Qty: 60.00: 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): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastrointestinal complications in the elderly and patients with a history of gastrointestinal disease. The records did not show that the patient is on long-term NSAIDs medications treatment. There is no documentation of gastrointestinal disease or NSAIDs related gastritis. The criteria for the use of Protonix 20mg #60 were not medically necessary.

Ambien 10mg Qty: 30.00: 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), Zolpidem (Ambien).

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 Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedatives / hypnotics medications be limited to periods of less than 4 weeks while the causes of insomnia is investigated and treated. The chronic use of sleep medications is associated with the development of tolerance, dependency, daytime somnolence, fatigue, addiction and adverse interactions with opioids and other sedative medications. The records indicate that the patient had utilized Ambien longer than the guidelines recommended maximum period of less than 4 weeks. There is documentation of significant symptoms resolution following the neck surgery. The FDA and the guidelines recommend that the dosage of Ambien be decreased to 5mg because of increased risk of adverse effects and fatalities with the 10mg dosage. The criteria for the use of Ambien 10mg #30 were not medically necessary.