

Case Number:	CM14-0106620		
Date Assigned:	07/30/2014	Date of Injury:	12/01/2009
Decision Date:	11/19/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female who sustained an industrial injury on 12/01/2009. She is status post Physical Medicine and Rehabilitation C TDR at C5-6 and ACDF at C6-7, as well as status Physical Medicine and Rehabilitation SAD in 2012. The patient had a pain management follow up on 5/29/2014. Current medications are Ambien #30, Cymbalta #60, Omeprazole #30, and Celebrex #30. The patient's vitals were documented. The patient had a pain management follow up on 3/6/2014. Current medications are Ambien, Omeprazole, Celebrex, and Tylenol ES. Her vitals are noted. Pain index is 6. Diagnoses are joint pain, shoulder region; radicular symptoms of lower limbs; and myalgia and myositis, unspecified. Cymbalta was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 refills: 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 Mosby's Drug Consult

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

Decision rationale: According to Official Disability Guidelines, Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. The medical records indicate the patient has been utilizing Ambien at least since 2013. Chronic use of sleep aid is not recommended. The request for Ambien #30 plus 3 months of refill is excessive and not consistent with the guidelines. The medical records do not demonstrate the patient has benefited with chronic use. Sleep complaints continue to be reported in the 6/2014 progress report. The medical records do not document appropriate sleep hygiene is being utilized. There is no clear indication for continuing Ambien. Therefore, the request for Ambien is not medically necessary according to the guidelines.

Cymbalta 30mg #60 refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15-16.

Decision rationale: Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first-line option for diabetic neuropathy. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. According to the guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Review of the medical records does not reveal objective findings and observations that support she has any of these diagnoses. There are no high quality evidence to support the use of this medication for other conditions. Furthermore, the medical records do not establish the patient has benefited with use of this medication. There is no documented subjective improvement in pain and function, or improved objective findings demonstrated on examination. Therefore, medical necessity of Cymbalta is not established.

Omeprazole 30mg #30 refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Proton Pump Inhibitors (PPIs), NSAIDs, GI Symptoms & Cardiovascular Risk

Decision rationale: The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or

(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of these criteria applies to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The ODG states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not include supportive correlating subjective/objective findings documented in a current medical report that would establish Omeprazole is medically indicated. The medical necessity of Omeprazole has not been established.