

Case Number:	CM14-0145614		
Date Assigned:	09/12/2014	Date of Injury:	02/24/2003
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 injured worker is a 61-year-old who is reported to have sustained injuries to his hand while attempting to tie down an SUV on February 24, 2003, while performing the usual and customary duties of his occupation as a truck driver/car hauler driver.. The record reflects that the injured worker has undergone bilateral elbow surgeries. A right elbow decompression was performed on January 26, 2004. A left elbow surgery was performed on June 18, 2004. The records indicate that the injured worker has further been identified as having and L5/S1 radiculopathy and a left foot drop. The injured worker has chronically been maintained on multiple medications which includes: Tramadol 50 mg, Ambien 10 mg and Prilosec 20 mg. The injured worker was considered totally temporarily disabled as of an office visit on July 7, 2014. The record contains a utilization review determination dated August 14, 2014 in which requests for Prilosec 20 mg, #30 2 refills, Ambien 10 mg # 30 2 refills and Tramadol 50 mg # 30 2 refills were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68.

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, Proton Pump Inhibitor.

Decision rationale: The submitted clinical records indicate the injured worker has a chronic pain syndrome and radiculopathy treated with oral medications. The record does not provide any data indicating that the injured worker has medication induced gastritis for which this medication would be clinically indicated. Therefore, the request for Prilosec 20 mg, thirty count with two refills, is not medically necessary or appropriate.

Ambien 10 mg, thirty count with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolpidem

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, Zolpidem

Decision rationale: The records indicate that the injured worker has a chronic pain syndrome and lumbar radiculopathy. The records do not indicate that the injured worker has undergone evaluation for his reported sleep disturbance. The ODG only supports the use of Ambien for a period of 2-3 weeks or the normalization of sleep whichever occurs first. Therefore, the request for Ambien 10 mg, thirty count with two refills, is not medically necessary or appropriate.

Tramadol 50 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80,93-94.

Decision rationale: The records indicate the injured worker has a chronic pain syndrome and lumbar radiculopathy. The record fails to provide adequate data establishing the use of this medication has resulted in functional improvements. The injured worker continues to remain off work. There is no clear goal established for the continuation of opiate therapy. Therefore, the request for Tramadol 50 mg, sixty count with two refills, is not medically necessary or appropriate.