

Case Number:	CM13-0009734		
Date Assigned:	09/16/2013	Date of Injury:	01/23/1994
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 physician 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 53-year-old female who reported an injury on 01/23/1994, when she was moving a bed loaded with a 300-pound patient toward an intensive care unit. As she pushed and pulled to manipulate the bed, she experienced back pain. She is reported to have treated conservatively for several years, hoping to avoid surgery, but is noted to have undergone a lumbar fusion in 2006 or 2007. She is reported to continue to complain of ongoing low back pain with radiation of pain to the bilateral lower extremities. The patient is noted to have continued to work, but in the neonatal intensive care unit (NICU), as she could tolerate the bending and lifting encountered in that unit with her ongoing back pain. A clinical exam signed by [REDACTED] dated 04/13/2013 reported that the patient continued to have back pain and leg pain on the left and right, which she described as aching and constant and rated 3/10. On physical examination, the patient is noted to have tenderness of the right and left paralumbar musculature. Lumbar flexion and extension increased her pain. The patient is noted to have been prescribed Ambien beginning on 04/30/2013, Duragesic patches on 04/30/2013, and to have been on Norco for an unknown period of time. She has also been prescribed Robaxin on 04/30/2013. On 06/27/2013, the patient is reported to be doing well using the medications, and her pain was well-controlled. She was noted to continue to work full time as a NICU nurse and care for her family. [REDACTED] stated at that time that the patient was on medications that help improve her function. She is noted to complain of low back pain with left and right leg sciatica, which was constant. She reported her pain was 3/10. On physical examination, the patient is noted to have normal range of motion of the lower extremities, tenderness to palpation over the midline and paraspinal musculature of the right and left in the lumbar spine, and increased pain with lumbar flexion and extension. A Letter of

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: The patient has complained of ongoing low back pain with radiation of pain to the bilateral lower extremities and has been prescribed Ambien for sleep. The California Chronic Pain Medical Treatment Guidelines do not address the requested medication. The Official Disability Guidelines state that Ambien is a short-acting non-benzodiazepine hypnotic which is approved for short-term treatment of insomnia, usually 2 to 6 weeks. As the patient has been prescribed the Ambien on a long-term, ongoing basis; the requested Ambien does not meet guideline recommendations. Based on the above, the request for Ambien is not medically necessary and appropriate.

Norco: Upheld

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

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

Decision rationale: The patient complains of ongoing pain with radiation to her bilateral lower extremities. She is noted to have increased pain with flexion and extension of the lumbar spine, tenderness to palpation over the midline of the lumbar spine and the lumbar paraspinal musculature bilaterally. The patient is noted to be taking Norco. She reports to be continuing to work in the NICU full-time. On 06/26/2013, the patient reported her pain was 3/10. The California Chronic Pain Medical Treatment Guidelines state that patients on narcotic analgesics should be evaluated, and the evaluation should be documented regarding the patient's pain relief, functional status, appropriate medication use and side effects; and the pain assessment should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no indication of the amount of pain relief received with the use of the Norco, nor is there any indication what her least reported pain was, or her average pain. As such, the requested Norco does not meet guideline recommendations. Based on the above, the request for Norco is not medically necessary and appropriate.

Robaxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The patient has been prescribed Robaxin. The California Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines recommend no more than 2 to 3 weeks for the use of Robaxin. This patient has been prescribed Robaxin on an ongoing, long-term basis, and it appears that the patient is using the medication routinely, which does not meet guideline recommendations. As such, the requested Robaxin is not medically necessary and appropriate.

Duragesic:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list Page(s): 93.

Decision rationale: The patient is noted to have been using Duragesic patches. The California Chronic Pain Medical Treatment Guidelines state that Duragesic transdermal patches are indicated for the management of persistent chronic pain, which is moderate to severe, requiring continuous, around-the-clock opioid therapy that cannot be managed by any other means. The patient's pain is reported to be 3/10, which is not considered moderate to severe. There is no documentation that the patient is currently on opioid therapy for which a tolerance had been developed. The requested Duragesic patches do not meet guideline recommendations. Based on the above, the request for Duragesic patches is not medically necessary and appropriate.