

Case Number:	CM13-0009757		
Date Assigned:	12/11/2013	Date of Injury:	11/26/2012
Decision Date:	01/22/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 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 40-year-old male who sustained a work-related injury on 11/26/2012. The clinical information indicates the patient had an MRI, which showed stenosis, a herniated disc, and facet arthropathy. In 05/2013, the patient reported difficulty sleeping and was subsequently prescribed Edluar. The most recent progress report dated 10/31/2013 documented subjective complaints of persistent, severe back and leg pain. Physical examination revealed back spasms. The patient's diagnosis was documented as spondylosis stenosis at L4-5 and L5-S1. Treatment plan consisted of recommendation of back surgery, Norco, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Edluar 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

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: While Official Disability Guidelines indicate that non-benzodiazepine sedative hypnotics are considered first-line medications for insomnia, zolpidem is only recommended for short-term use, usually 2 to 6 weeks, for the treatment of insomnia. The clinical information submitted for review indicates that the patient was prescribed the requested medication in 05/2013. Given that the documentation submitted for review indicates that the requested medication has been utilized beyond guideline recommendations, the request is not supported.

1 prescription of Amirix 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: California MTUS Guidelines recommend cyclobenzaprine as a short course of therapy option. As such, treatment should be brief and addition of other agents is not recommended. Muscle relaxants are indicated for muscle spasms documented in physical examination findings. The clinical information submitted for review provided physical examination findings of muscle spasms, but there was lack of documentation as to the duration of use or the efficacy of the requested medication.

1 urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opiates, steps to avoid misuse/addiction.

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

Decision rationale: CA MTUS Guidelines recommend the use of urine drug screening for patients on opioid therapy for patients with issues of abuse, addiction, or poor pain control. The clinical information submitted for review indicates that the patient is on Norco. However, the clinical information did not document evidence of or suspicion of abuse, addiction or poor pain control. Also, the patient's prior urine drug screens were consistent.

Unknown prescription of unknown topicals: 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 Topical Analgesics Page(s): 111.

Decision rationale: The above request lacks specific information of the topical analgesic being requested. Therefore, the request cannot be validated at this time. As such, the prospective request for unknown prescription of unknown topicals is non-certified.