

Case Number:	CM13-0011441		
Date Assigned:	09/23/2013	Date of Injury:	08/17/1998
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/14/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain with derivative psychological stress reportedly associated with an industrial injury of August 17, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medication; psychological counseling; and prior lumbar laminectomy. In a utilization review report of July 24, 2013, the claims administrator denied a request for Ambien, Relafen, Soma, and Ativan. Norco was partially certified as 200 tablets without refills. Prozac was also certified. The applicant's attorney later appealed, on August 14, 2013. An earlier note of July 9, 2013 is notable for comments that the applicant reports persistent neck and low back pain. She is walking for exercise. She would like to obtain Ambien as she is having difficulty sleeping. She still has pain symptoms on a continuous basis. She is using Norco seven times a day, Soma four times a day, Prozac twice daily, and Ativan twice daily for anxiety. Abilify is also being endorsed on a nonindustrial basis. The applicant's work status has apparently not been detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 10 mg #30, with 2 refills: Upheld

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

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter zolpidem topic, Ambien is recommended for short-term use purposes, for approximately two to six weeks to treat insomnia. It is not indicated on a chronic, long-term, or scheduled basis for which it is being proposed here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Relafen 500 mg #60, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); NSAIDs (non-steroidal anti-inflammatory drugs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that anti-inflammatory medications such as Relafen do represent the traditional first-line of treatment for chronic pain issues, including the chronic low back pain present here, in this case, however, there is no seemingly evidence of functional improvement effected through ongoing usage of Relafen or other analgesic medications. It does not appear that the applicant has returned to work. The applicant appears to be highly reliant on various forms of medical treatment, including various medications. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

Soma 350 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes. It is not recommended for use in combination with other medications, particularly opioid medications. In this case, the applicant is using numerous other analgesic, adjuvant and psychotropic medications. Adding Soma or Carisoprodol to the mix is not indicated. As with the other drugs, the applicant has failed to clearly demonstrate any evidence of functional improvement as defined in MTUS 9792.20f. The applicant's failure to clearly return to work and continued dependence on various forms of medical treatment against argue any functional improvement to date. Therefore, the request is not certified.

Lorazepam 2 mg #60, with 2 refills: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, Ativan or Lorazepam is not recommended for long-term use purposes, either for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. In this case, the attending provider has failed to provide any compelling rationale or narrative so as to offset the unfavorable MTUS recommendation. Therefore, the request is not certified.

Hydrocodone/APAP 10/325 mg #210, with 2 refills: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on the page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, however, none of the aforementioned criteria have clearly been met. The applicant does not appear to have returned to work. There is no evidence of improved performance of non-work activities of daily living and no clear evidence of reduction in pain through ongoing opioid usage. Therefore, the request is not certified, on independent medical review.