

Case Number:	CM13-0017112		
Date Assigned:	06/06/2014	Date of Injury:	10/26/2011
Decision Date:	07/11/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/27/2013

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, has a subspecialty in Pain 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 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 59-year-old male who sustained an injury on 10/26/11. No specific mechanism of injury was noted. The injured worker was followed for complaints of low back pain radiating to the bilateral posterior legs. Prior treatment included lumbar medial branch blocks. The injured worker was also being prescribed medications for chronic low back pain including baclofen 10mg, gabapentin 800mg, and hydrocodone 10/325mg. The injured worker was previously utilizing Ambien in 01/13. The clinical record on 09/10/13 noted that medications reduced pain from 8 to 3/10 on Visual Analogue Scale (VAS). Primary symptoms were in the low back with some pain radiating to the lower extremities. The injured worker reported one week of relief of symptoms with the medial branch blocks. Physical examination noted continued loss of lumbar range of motion on flexion/extension with spasms and tenderness to palpation. The injured worker had positive exam findings for sacroiliac joint dysfunction bilaterally. The injured worker was recommended for radiofrequency ablation procedures from L4 to S1 at this evaluation. Follow up on 12/09/13 noted continued efficacy with current prescribed medications including gabapentin, hydrocodone, benzodiazepines, and Soma. It was unclear when Soma, alprazolam, or Zolpidem was prescribed, as these medications were not noted on the 10/09/13 report. Physical examination findings remained essentially unchanged. The clinical record did not discuss any efficacy of medications other than Neurontin. The requested Ambien 10mg #30 and topical Terocin was denied by utilization review on undetermined date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10 MG #30 (ZOLPIDEM-HYPNOTIC): 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) Pain Chapter, 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: In regards to the request for Ambien 10mg quantity 30, this medication was noted on the 12/09/13 clinical record. No rationale was provided for this medication as it was not prescribed, as it was not listed medication per clinical note dated 10/09/13. Ambien is a benzodiazepine hypnotic medication utilized in the treatment of insomnia. Guidelines recommend this medication be utilized on a short-term basis for four to six weeks only. Given the lack of any clinical indications for the use of Ambien or evidence regarding its efficacy in the clinical records, this request is not medically necessary.

TOPICAL TEROGIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regard to the request for Topical Terocin, none of the clinical notes by treating physician indicated this was active medication. There was no rationale provided by treating physician for the use of topical Terocin. There is no indication from the clinical records the injured worker had failed first line medications for neuropathic or radicular pain such as antidepressants or anticonvulsants. Given the paucity of clinical information to support the use of this medication, and as guidelines consider most topical analgesics for chronic pain as largely experimental/investigational, this request is not medically necessary.