

Case Number:	CM13-0030282		
Date Assigned:	11/27/2013	Date of Injury:	02/22/2012
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery, 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 claimant is a 37-year-old man who was lifting a machine weighing 80 pounds at the shoulder level when he felt the acute onset of pain in his low back; the date of injury was 2/22/12. In regards to his low back, records indicate a long course of conservative treatment, including medication management, physical therapy, injection therapy, and activity modifications. The records submitted for review do not document any surgical processes. A progress report dated 07/02/13 and signed by [REDACTED] documented continued subjective complaints of low back pain, burning in nature with radiating right kneecap pain and weakness. Physical examination findings showed lumbar paravertebral tenderness to palpation, restricted lumbar motion, and diminished reflexes bilaterally with sensory deficits at the L5 and S1 dermatomal distribution. The working diagnosis as of that date was right sided L5-S1 disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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.

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

Decision rationale: The California MTUS guidelines are silent regarding sleeping aides, particularly Ambien. When looking at Official Disability Guidelines criteria, Ambien is described as a short acting, nonbenzodiazepine hypnotic that is approved for the short term use of no more than two to six weeks for the treatment of insomnia. Issues in this case arise that the claimant has been utilizing the medication for greater than six weeks with no documented diagnosis of insomnia given. The continued use of this nonbenzodiazepine hypnotic is not indicated.

Tramadol/APAP 37.5mg/325mg tablets, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

Decision rationale: Recent studies and literature have found using Tramadol to be ineffective past 16 weeks. Clinical records reviewed also fail to demonstrate significant clinical findings or document improvement with the current medication regimen. The long term use of Tramadol for use in the claimant's chronic low back complaints of pain cannot be supported.

FluriFlex cream, 130gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Per California MTUS Chronic Pain Guidelines, topical agents are largely experimental with few randomized clinical controls to determine their advocacy and/or safety. They are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants had failed. Records in this case would not support the role of this combination topical agent based on lack of documentation of first line therapy modalities and lack of documentation of efficacy for long term use.

TFHot Cream, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Per California MTUS Chronic Pain Guidelines, topical agents are largely experimental with randomized clinical controls failing to demonstrate significant efficacy or safety in the chronic pain setting. Records in this case would not support the role of this topical agent for the current diagnosis based lack of documentation of efficacy for long term use.