

Case Number:	CM13-0030709		
Date Assigned:	01/03/2014	Date of Injury:	10/22/2002
Decision Date:	03/19/2014	UR Denial Date:	09/10/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/22/02. A utilization review determination dated 9/10/13 recommends non-certification of MRI of the lumbar spine, back brace, Vicodin, and Ambien. 8/20/13 PR-2 identifies complaints of much more severe low back pains and would like to repeat the MRI just in case there is deterioration. Needs a refill of pain meds and Ambien. Having difficulty sleeping due to low back pain. Pain is 7-9/10 since last visit. On exam, there are no abnormal findings noted. There is no tenderness, weakness, or limited ROM

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for MRI of the lumbar spine, California MTUS supports imaging when there are unequivocal objective

findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Specific to repeat MRI, ODG notes that it is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is documentation of increased pain, but no abnormal findings are noted on exam to support the need for an MRI. In light of the above issues, the currently requested MRI of the lumbar spine is not medically necessary.

Back brace:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; low back-lumbar & thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for back brace, CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute phase of injury and there is no documentation to support another potential need for lumbar support such as a compression fracture, spinal instability, recent surgery, etc. In light of the above, the currently requested back brace is not medically necessary.

90) tablets of Vicodin 7.5/750mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Vicodin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be stopped abruptly; however, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested Vicodin is not medically necessary.

30) tablets of Ambien CR Extended Release 12.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back-Lumbar & Thoracic.

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 (Ambien) section.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for Ambien CR, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. Within the documentation available for review, there is no documentation of what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use only as recommended by ODG. In the absence of such documentation, the currently requested Ambien CR is not medically necessary.