

Case Number:	CM13-0034219		
Date Assigned:	12/06/2013	Date of Injury:	02/21/2003
Decision Date:	01/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

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:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. This is a 46-year-old gentleman who reportedly suffered an injury to his back on February 21, 2003. He apparently continues to complain of persistent back and lower extremity pain. The clinical information provided is limited. The records do not specifically describe the mechanism of injury nor do they offer a description of imaging studies. The records state that the patient suffers from lumbar spondylosis, disc displacement, disc degeneration, stenosis, myositis and an acquired spondylolisthesis. The records were submitted to determine the medical necessity for a spine surgical consultation and three medications (Norco 10 mg q ID; Soma daily; Ambien daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

Decision rationale: The MTUS Guidelines state that practitioners can refer an individual to other specialists with a diagnosis uncertain and/or complex and when the individual may benefit from additional expertise. The records suggest that this patient's date of injury was more than ten years ago. There is no information within the records to suggest why this patient would in fact be considered a surgical candidate. Without better understanding as to the rationale for the purposes of spine surgery, particularly in light of the fact that this gentleman has had ongoing back complaints for ten years and has not at least apparently been deemed a spine surgery candidate, the request for surgical consultation in this particular case cannot be recommended as reasonable or medically necessary and thus the adverse determination would be upheld.

Norco 10/325mg, 1 tablet four times daily, total #120 tablets (dispense generic unless written DAS): 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 Criteria for use of Opioids.

Decision rationale: Norco 10 mg q ID. Narcotic medications can be used on a chronic basis to help manage individuals' pain complaints. That said, the medical records should document the patients seeing improved function through diminished pain and having had no evidence of abhorrent drug behaviors and/or side effects. The medication should be used in its most effect and lowest dose. The records should document whether or not efforts should be made to wean or reduce this medication over time. Unfortunately, the records in this particular case do not provide any of this information. In fact, there is no documentation that this patient has actually seen meaningful benefit from the Norco q ID and thus the request to continue its utilization in this particular case cannot be considered reasonable and medically necessary. The recommendation that this medication is not reasonable and medically necessary does not suggest that it should be stopped abruptly, but rather that it should be weaned with an appropriate weaning protocol.

Soma 350mg, 1 tablet four times daily, total #120 (dispense generic unless DAW): 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.

Decision rationale: MTUS Guidelines state that muscle relaxants is of short term benefit for management of muscle spasm. They do not recommend its use chronically. The records do not specifically state whether or not this medication has been prescribed recently and/or on a chronic basis. From review of the records, it would appear that the records would suggest this has been

prescribed on a chronic basis and as such would not appear to meet reasonable evidence based criteria. As such, the adverse determination would be upheld.

Ambien 10mg, 1 tablet at the hour of sleep, total #30 (dispense generic unless DAW):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Pain.

Decision rationale: Ambien has apparently been prescribed on a daily basis as a sleep aid. The Official Disability Guidelines state that this medication is typically recommended on a short term basis and should not be used chronically. The prescription in this file would appear that this medication has been utilized on a chronic basis and as such it cannot be supported in this particular case.