MAXIMUS Federal Services

Case Number:	CM13-0038396		
Date Assigned:	12/18/2013	Date of Injury:	02/21/2011
Decision Date:	04/28/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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:

This is a 56 year old female patient s/p injury 2/21/11. A 9/12/13 progress note identifies that the patient continues to have low back pain with increase weakness and numbness in the legs. She states that it is difficult for her to walk. Objectively, there is limited lumbar range of motion, positive SLR, weakness in big toe dorsiflexor and big toe plantar flexor bilaterally. The note states that Norco is to be discontinued. There were requests for Prilosec, Ambien, Neurontin, and Motrin. 9/2/13 AME recommendation was for orthopedic spinal surgical consultation, trial of lumbar epidural injections. An 8/1/13 progress note did not indicate response to medications. The patient has been treated with activity modification, medication, various therapies and manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 10MG #90: 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 Muscle Relaxants Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. This is a chronic pain patient. There is no evidence of an acute condition that would necessitate the use of muscle relaxants. They are generally only recommended for short courses. Efficacy of previous prescriptions was not assessed. The request is not medically necessary.

ZOLPIDEM TARTRATE TAB 10MG #30: 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 (ODG), Chronic Pain Chapter, Zolpidem

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. There is no discussion in the records of a description of the patient's sleep difficulties addressing sleep latency issues, sleep hygiene, or duration of Ambien use. Efficacy of previous prescriptions was not assessed. The request is not medically necessary.

HYDROCODONE BITARTRATE/APAP 325MG/10MG #120: 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 Opioids Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The record states that the patient is not discontinue Norco. There is no evidence of objective measures of efficacy with pain relief and functional improvement. There is no evidence of monitoring for adherence and compliance. The request is not medically necessary.