MAXIMUS Federal Services

Case Number:	CM13-0044845		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2007
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Rehabilitaiton and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 patient is a 51-year-old female who reported an injury on 06/20/2007. The patient is diagnosed with a cervical strain, mild cervical discopathy, lumbar discopathy, and right shoulder impingement. The patient was seen by [redacted] on 10/25/2013. Physical examination revealed significant spasm and tenderness in the paralumbar musculature, negative straight leg raising, and negative sciatic stretch testing. Treatment recommendations included continuation of current medication including Fluriflex cream, Ambien, and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #80: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical

documentation submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent lower back pain. Satisfactory response to treatment had not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request is not medically appropriate. As such, the request is non-certified.

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 (ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the clinical documentation submitted, there is no evidence of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription medication. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.