MAXIMUS Federal Services

Case Number:	CM13-0045783		
Date Assigned:	12/27/2013	Date of Injury:	12/24/2009
Decision Date:	03/13/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 34-year-old female who reported an injury on 12/24/2009. Her treatment to date has included chiropractic, physical therapy, oral and topical medications, activity modification, and epidural steroid injections. An MRI performed on 06/19/2011 revealed a 3 mm disc bulge at L4-5 and a 2 mm disc bulge at L5-S1. The patient had an EMG performed on 10/25/2013 that revealed no evidence of lumbar radiculopathy or peripheral neuropathy. The most recent clinical note is dated 10/25/2013 and documented a pain level of 5/10 to 6/10 on the VAS. Physical examination on this date revealed facet tenderness in the lumbar region, positive straight leg raise bilaterally at 30 degrees, 5/5 motor testing to the bilateral lower extremities and a sensory deficit to the bilateral L4 and L5 dermatomes. This note listed the patient's current medications as naproxen 500 mg twice a day; hydrocodone/ibuprofen 10/200 mg, once daily; gabapentin 300 mg, 1 at night; Norco 10/325 mg, 1 tablet daily as needed for pain; Voltaren XR 100 mg, twice a day; omeprazole delayed release 20 mg, 1 tablet 2 times a day; gabapentin 600 mg, twice a day; Celexa 20 mg, 1 daily; Intermezzo sublingual tablet 1.75 mg, 1 tablet at the middle of the night awakening. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 1.75mg #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) and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Zolpidem

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of Ambien; therefore, the Official Disability Guidelines were supplemented. ODG recommends Ambien for the short term treatment (usually 2 to 6 weeks) of insomnia. The clinical information submitted for review provides evidence that the patient was initially prescribed this medication on 09/27/2013, yet the subsequent clinical notes do not discuss the efficacy of the medication on the patient's sleep habits. Since the length of use of this medication exceeds guideline recommendations of up to 6 weeks, it is recommended that the patient be weaned from this medication. As such, the request for Intermezzo 1.75 mg #30 is non-certified

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of moderate to severe pain. Ongoing management of opioid use requires measuring functional abilities at 6 month intervals using a numerical scale or validated instrument; obtaining a thorough pain assessment at each clinical visit; and performing urine drug screens. A thorough pain assessment includes reporting the patient's current pain levels, the least reported pain since last assessment, average pain levels, intensity of pain after taking the opioid, how long it takes for pain relief to begin, and how long the pain relief lasts. The clinical information submitted for review failed to provide evidence that functional abilities were measured at 6 month intervals, or that thorough pain assessments have been performed at each clinical visit. Without this information, medical necessity and guideline compliance of the request cannot be determined. However, it is not recommended for the abrupt discontinuation of opioids and it is expected that the physician will allow for safe weaning. As such, the request for Norco 10/325 mg #30 is non-certified