

Case Number:	CM13-0047569		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2011
Decision Date:	02/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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, 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:

The patient is a 28-year-old who reported an injury on 07/28/2011. The patient was diagnosed with degeneration of the lumbosacral intervertebral disc, lumbago and thoracic or lumbosacral neuritis or radiculitis. The patient was seen by [REDACTED] on 09/19/2013. The patient reported 4-5/10 pain. Physical examination revealed decreased sensation to light touch in the left lower extremity, tenderness to palpation and 30 degrees of flexion with 0 degrees of extension of the lumbar spine. Treatment recommendations included the continuation of current medications, including Opana ER, Norco, Neurontin and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 120 count: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation

of pain relief, functional status, appropriate medication use and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent back and neck pain. There was no change in the patient's physical examination to indicate functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. The request for Norco 10/325mg, 120 count, is not medically necessary or appropriate.

Neurotonin 600 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continued to report ongoing neck and low back pain. There was no change in the patient's physical examination that would indicate functional improvement. The patient continued to demonstrate decreased sensation with tenderness to palpation. As a satisfactory response to treatment has not been indicated, the ongoing use of this medication cannot be determined as medically appropriate. The request for Neurotonin 600 mg, 120 count, is not medically necessary or appropriate.

Amitriptyline 25 mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for nonneuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report ongoing neck and lower back pain with functional limitations. The patient continues to report lower back pain with numbness and tingling in the left lower extremity. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. The request for Amitriptyline 25 mg, 60 count, is not medically necessary or appropriate.

Ambien CR 12.5 mg, 30 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Insomnia Treatment Section.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset. As per the documentation submitted, there was no evidence of chronic insomnia or sleep disturbance. The patient has continuously utilized this medication. As guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. Additionally, there is no evidence of a failure to respond to nonpharmacologic treatment prior to the initiation of a prescription medication. The request for Ambien CR 12.5 mg, 30 count, is not medically necessary or appropriate.