

Case Number:	CM13-0048364		
Date Assigned:	06/11/2014	Date of Injury:	08/16/2008
Decision Date:	12/16/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/05/2013

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 Emergency Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 59-year-old male who reported an injury on 08/16/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included bilateral L5-S1 radiculopathy, L5-S1 disc protrusion, and L4-5 disc protrusion, grade I Anterolisthesis of L4 on L5, bilateral L4-5 foraminal stenosis, central disc protrusion, mild lateral L5-S1 foraminal stenosis, and sleep disturbances secondary to chronic pain. The previous treatments included medication, acupuncture. Diagnostic testing included an MRI and EMG/NCV. Within the clinical note, dated 09/16/2014, it was reported the injured worker complained of low back pain radiating into the bilateral posterior thighs and bilateral posterior calves. Medication regimen included Baclofen, Docusate, Percocet, Ambien, Norco, ibuprofen, Vicodin, and Silenor. Upon the physical examination, the provider noted the lumbar range of motion was restricted by pain in all directions. A request was submitted for Zolpidem, Oxycodone for pain, Baclofen, and a retrospective urine drug screen. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG, #30 WITH 1 REFILL: 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) Pain, Zolpidem

Decision rationale: The request for Zolpidem 10 mg #30 with 1 refill is not medically necessary. The Official Disability Guidelines state Zolpidem is recommended for short term treatment, usually 7 to 10 days, of insomnia. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of documentation indicating the injured worker is treated for insomnia. Therefore, the request is not medically necessary.

OXYCODONE 10/325MG, #120 WITH 1 REFILL: 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, On-Going Management Page(s): 77-78.

Decision rationale: The request for Oxycodone 10/325 mg, #120 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The use of a urine drug screen was not submitted for clinical review. Additionally, the injured worker has been utilizing the medication for an extended period of time. Therefore, the request is not medically necessary.

BACLOFEN 10MG, #60: 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): 63,64.

Decision rationale: The request for Baclofen 10 mg, #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 09/2013 which exceeds the guidelines recommendations of short term use of 2 to 3 weeks. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

RETROSPECTIVE REVIEW: URINE DRUG SCREEN DOS: 9/17/2013: 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 Urine Drug Test Page(s): 43.

Decision rationale: The request for retrospective review: urine drug screen DOS: 9/17/2013 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for the risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. Therefore, the request is not medically necessary.