

Case Number:	CM13-0052705		
Date Assigned:	12/30/2013	Date of Injury:	08/06/1998
Decision Date:	11/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Medicine, and is licensed to practice in 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 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 61-year-old male with a date of injury of August 6, 1998. He primarily has persistent low back pain with radiation into the right lower extremity. The injured worker was documented to have sleep difficulties as a consequence of his pain and had been struggling with depressive symptoms. He has a history of lumbar fusion surgery in 1999 and 2 right shoulder arthroscopies in 2010 and 2011. A lumbar MRI scan from 2013 revealed hypertrophic changes at L3-L4, hypertrophy of the ligamentum flavum, and a 5-6 mm disc protrusion/extrusion encroaching on the left neural foramen. The physical exam revealed diminished lumbar range of motion, lumbar region tenderness, and an intact sensory and motor exam. The clinic notes provided are scant. A note from 2-20-2013 stated that the injured worker had been alternating Norco and Ultram with little relief. The diagnoses provided include herniated lumbar disc, adjustment disorder with depressed mood, and "bilateral shoulder problems".

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL ULTRAM 50MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: For those with a need for opioids chronically there should be ongoing monitoring of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may be continued with the injured worker has regain employment or has improved pain and functionality as a consequence of the medication. In this instance, the provided documentation is sparse and part of the history is gleaned from the utilization review note. That note quotes a conversation with the treating physician's office staff. The staff member reportedly relayed that the injured worker had been prescribed "medication for years" and that urine drug testing and pill counts were not done as they were not a pain clinic. In this instance, it would appear that pain and functionality have not improved as a result of Ultram usage. Therefore, a refill of Ultram 50 mg, #120, is not medically necessary per the referenced guidelines.

REFILL NORCO 5/325MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: For those with a need for opioids chronically there should be ongoing monitoring of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may be continued with the injured worker has regain employment or has improved pain and functionality as a consequence of the medication. In this instance, the provided documentation is sparse and part of the history is gleaned from the utilization review note. That note quotes a conversation with the treating physician's office staff. The staff member reportedly relayed that the injured worker had been prescribed "medication for years" and that urine drug testing and pill counts were not done as they were not a pain clinic. In this instance, it would appear that pain and functionality have not improved as a result of Norco usage. Therefore, a refill of Norco 5/325 mg, #30, is not medically necessary per the referenced guidelines.

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 - TREATMENT FOR WORKERS COMPENSATION, ONLINE EDITION CHAPTER: PAIN, ZOLPIDEM (AMBIEN)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem (Ambien®)

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep

hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this instance, sleep difficulties as a result of pain are documented. However, the provision of #30 tablets of Ambien is in excess of the recommendation that this medication should be used for 7-10 days at most. Therefore, Ambien 10 mg, #30, is not medically necessary per the referenced guidelines.