

Case Number:	CM13-0055318		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2007
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This case involves a patient with a date of injury of 6/25/07. A utilization review determination dated 11/8/13 recommends non-certification of Norco, Flexeril, and Ambien. The 10/25/13 medical report identifies neck pain, rated 5/10, with left arm pain and low back pain, with right leg pain. On exam, there is decreased sensation of the left C5-6, limited lumbar range of motion, and decreased sensation of the left L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NORCO 10/325MG: 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 Page(s): 76-79 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The Guidelines recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is

improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued; however, there is no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.

RETROSPECTIVE REQUEST FOR FLEXERIL 7.5MG: 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 Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

RETROSPECTIVE REQUEST FOR AMBIEN 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, ZOLPIDEM (AMBIEN)

Decision rationale: The Official Disability Guidelines recommend the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication, despite the recommendations of the guidelines against long-term use. In the absence of such documentation, the currently requested Ambien is not medically necessary.