

Case Number:	CM13-0056564		
Date Assigned:	12/30/2013	Date of Injury:	04/04/2002
Decision Date:	05/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 49-year-old male who reported injury on 04/04/2002. The mechanism of injury was noted to be carrying rolls of carpet that were approximately 40 feet in length. Medication history included muscle relaxants and opiates as of 02/2013. The injured worker underwent a urine drug screen that was appropriate in 02/2013. The documentation of 09/25/2013 revealed the injured worker had pain that was intolerable and sleep was disturbed. The injured worker had low back pain radiating into the groin and right leg that remained tolerable. The injured worker was requesting refills of the medications. The diagnoses included status post L5-S1 ALDF 07/24/2007, cervical strain HNP and acute lumbar strain. The treatment plan included medication refills of Ambien 10 mg #30, Norco 10/325 #90, and Prilosec 20 mg #60, as well as Tramadol 50 mg #60 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF AMBIEN 10 MG #30: Upheld

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

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

Decision rationale: Official Disability Guidelines recommend Ambien for the short-term treatment of insomnia and it is generally limited to 2 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 6 weeks. There is lack of documentation indicating the necessity for continued treatment with the medication and a lack of documentation indicating the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for 1 prescription of Ambien 10 mg #30 is not medically necessary.

ONE PRESCRIPTION OF NORCO 10/325 MG #58: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, and objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and sides effects. There was lack of documentation of an objective improvement in function and an objective decrease in pain. The injured worker was noted to be taking the medication since 02/2013. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for 1 prescription of Norco 10/325 mg #58 is not medically necessary.

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78.

Decision rationale: California MTUS Guidelines recommend urine drug screens for patients who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. Additionally, the injured worker was noted to have a urine drug screen that was appropriate in 02/2013. Given the above and the lack of documented rationale for a repeat urine drug screen, the request for 1 urine drug screen is not medically necessary.