MAXIMUS Federal Services

Case Number:	CM13-0058572		
Date Assigned:	04/18/2014	Date of Injury:	09/10/2011
Decision Date:	05/23/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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, and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 9/10/11. The mechanism of injury was not submitted for review. The injured worker was diagnosed with postlaminectomy pain syndrome, lumbar spinal stenosis, and lumbar radiculopathy. The physician's progress report dated 3/26/14 stated that the injured worker was seen for a follow-up appointment. The injured worker complained of pain to the low back with radiating pain to the lower extremities, right worse than left. The injured worker reported that medications and rest alleviated the pain. The injured worker was taking Lyrica 100mg, zolpidem 10mg, Amitiza 24mcg, fentanyl 50mcg, and Percocet 10/325mg. The injured worker reported that the medication relieved 50% of the pain. The injured worker rated his pain at 6/10. The injured worker reported improvement with function, including increased activities of daily living such as walking longer and improved ability to perform household shores, such as cooking and cleaning; he was not able to perform these activities without fentanyl or Percocet. The injured worker reported that he fell on 3/24/14 and had to be seen at the hospital. The injured worker reported that he received intramuscular injections of Toradol 60mg and Dilaudid 1mg. The injured worker completed a urinary drug screen. Objective findings revealed 5/5 muscle strength of the bilateral lower extremities, and moderate decreased range of motion of the lumbar spine with flexion and extension due to pain. There was a positive straight leg raise bilaterally at 30-45 degrees with moderate palpable spasms to the bilateral lumbar paraspinal musculature with positive twitch response. There was moderate decreased right and left lateral bending due to pain and a stooping gait. An x-ray of the lumbar spine dated 1/15/14 showed previous anterior and posterior fusion at L4 and L5. The injured worker was recommended continuation of Percocet and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 PERCOCET 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-93.

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

Decision rationale: The California MTUS states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are recommended for chronic pain patients with ongoing use of opioids. The injured worker rated his pain at 6/10; however, the documentation does not show evidence of a decrease in the patient's pain level. Also, no documentation of appropriate medication use was submitted. It was noted that the injured worker had a urine drug screen, but the results of that urine drug screen were not submitted. Given the lack of documentation to support guideline criteria, the request is not medically necessary.

30 AMBIEN 10MG: Upheld

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

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

Decision rationale: The California MTUS/ACOEM does not address the request, so alternate guidelines were utilized. The Official Disability Guidelines state that Ambien is recommended for the short term treatment of insomnia (7 days to 10 days). The injured worker was recommended to continue using Ambien; however, the clinical documentation submitted for review does not show how long the injured worker has been using it. In addition, the injured worker did not report any difficulties with sleeping to warrant the use of Ambien. Given the lack of documentation to support guideline criteria, the request is not medically necessary.