

Case Number:	CM13-0067507		
Date Assigned:	05/07/2014	Date of Injury:	09/27/2002
Decision Date:	07/09/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine 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:

The injured worker is a 32-year-old male who reported an injury on September 27, 2002 after a fall of approximately 12 to 14 feet. The injured worker's treatment history included physical therapy, biofeedback therapy, cognitive behavioral therapy, and multiple medications. The injured worker was evaluated on October 22, 2013. It was documented that the injured worker had cervical spine and lumbar spine complaints. Physical examination of the cervical spine documented tenderness to palpation of the bilateral trapezius and paravertebral musculature with restricted range of motion. Evaluation of the lumbar (L) spine documented muscle tenderness, muscle spasming and a restricted range of motion with decreased sensation in the left L5 dermatomal distribution. The injured worker's diagnoses included a cervical disc injury, L strain, right medial epicondylitis, left small metacarpophalangeal joint injury, depression and anxiety, blurred vision, and history of lost consciousness. The injured worker's treatment plan included a refill of medications to include Flexeril 10 mg and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRAM 50MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opiates be supported by documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review indicates that the injured worker has been on this medication for over 6 months. However, there is no documentation of a quantitative assessment to support pain relief or evidence of functional benefit. The clinical documentation did not include any indication that the injured worker was monitored for aberrant behavior. There is no documentation that the injured worker is engaged in a pain contract. Therefore, continued use of the medication would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the prescription of Ultram 50 mg #90 is not medically necessary or appropriate.

PRESCRIPTION OF AMBIEN 10MG, #30: 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 Chapter, Insomnia Treatments.

Decision rationale: The clinical documentation indicates that the injured worker has been taking this medication since at least 2010. The California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend the use of this medication in the pharmacological management of insomnia related to chronic pain for short durations of treatment not to exceed 4 to 6 weeks. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration. Therefore, continued use would not be supported. Additionally, the clinical documentation did not provide an adequate assessment of the injured worker's sleep hygiene to support the efficacy of this medication. Also, the request as it is submitted, does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the prescription of Ambien 10 mg #30 is not medically necessary or appropriate.