

Case Number:	CM13-0068118		
Date Assigned:	01/03/2014	Date of Injury:	07/08/2011
Decision Date:	05/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery 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 patient is a 52-year-old gentleman who injured his low back on 07/08/11. According to the records provided for review, in June of 2013 the claimant underwent a two level discectomy and laminectomy at the L4-5 and L5-S1 levels. As of the 11/14/13 office visit, the claimant complained of continued low back and neck pain and described both upper and lower extremity radicular findings and a left foot drop. Physical examination showed tenderness to palpation over the lumbar paraspinal muscles with spasm, restricted range of motion, and weakness of 3/5 with dorsiflexion and eversion of the left foot. Postoperative MRI dated 10/30/13 was negative for acute findings. Electrodiagnostic studies showed a peroneal nerve injury as well as L5-S1 underlying radiculopathy. Since the claimant's symptoms persisted, recommendation was made for Norco and Ambien to be continued. The last clinical assessment specifically stated that the claimant no signs of improvement over the past few months from his current regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: 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 Opioids Page(s): 76-80.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the continued use of Norco. The Chronic Pain Guidelines state that Norco is indicated if symptoms continue to improve with the usage of the agent. However, narcotic analgesics are not indicated if they fail to show benefit. The records in this case indicate no significant improvement of the claimant's overall pain complaints or level of function with the current narcotic regimen. This specific request for continued use of this agent would, thus, not be supported.

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem.

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

Decision rationale: California MTUS Chronic Pain Guidelines are silent regarding the use of Ambien. Per the Official Disability Guidelines, the use of short acting non benzodiazepine hypnotics are only indicated for typically two to six weeks for treatment of underlying insomnia. There is no evidence to support the chronic use of insomnia treatment or use of sleep aids in the chronic pain setting. There would be no clinical indication for continued use of this agent in this claimant's course of care.