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| Case Number: | CM13-0068536 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/14/1984 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 11/20/2013 |
| 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 01/01/1984. The mechanism of injury was not stated. The patient is currently diagnosed with postlaminectomy syndrome in the lumbar region, thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis, and lumbar disc disease. The patient was seen by [REDACTED] on 10/14/2013. The patient reported significant pain in the lower back and bilateral lower extremities. Physical examination revealed tenderness to palpation, painful and restricted range of motion, 5/5 motor strength with the exception of the extensor hallucis longus, and decreased sensation. Treatment recommendations included continuation of current medications, including Vicodin ES and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/750 MG #120 WITH TWO (2) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report significant pain in the lower back and bilateral lower extremities. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

AMBIEN 10 MG #45 WITH TWO (2) REFILLS:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Insomnia Treatment Section

Decision rationale: The Official Disability Guidelines (ODG) state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 days to 10 days. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no evidence of chronic insomnia or sleep disturbance. There is also no evidence of objective functional improvement as a result of the ongoing use of this medication. There is no documentation of a failure to respond to non-pharmacologic treatment. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.