MAXIMUS Federal Services

Case Number:	CM14-0002633		
Date Assigned:	01/29/2014	Date of Injury:	08/23/1999
Decision Date:	06/16/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Family Practice and is licensed to practice in Tennessee, California and Virginia. 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 was injured on 08/23/99 due to a fall. Current diagnoses include right leg pain and radiculopathy. The patient is status post L4-5 and L5-S1 hemilaminotomy. Documentation indicates the patient has known chronic nerve damage and weak L5-S1 muscles with increasing complaints of pain and increasing weakness which has not responded to exercise and time. The patient has attempted physical therapy, TENS use, H-wave, and epidural steroid injections which provided minimal relief. Foot drop of the right lower extremity resulted in frequent trauma and abnormal toenail growth to the right lower extremity. Orthotics for foot drop of the right lower extremity were requested. Documentation indicates the patient utilizes MS IR for pain, Norco during the day for deep pain; however, does not decrease burning pain or spasms. Current medications include MS IR 15mg 2 BID, Robaxin 500mg QID, Baclofen 10mg 2 QHS, Zolpidem 5mg QHS, Norco 10/325mg BID, Elavil 10mg 3 HS, Klonopin 0.5mg QHS, Trazadone HS, and Flector patch Q 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS TIMES 4 MS IR 15MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The clinical note dated 10/08/13 indicated the patient's VAS increased with medication use with continued elevated VAS scores indicated a lack of medication efficacy. The clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. Therefore, the request for Meds times 4 MS IR 15MG #105 is not medically necessary and appropriate.

BACLOFEN 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. Therefore, the request for Baclofen 10mg #40 is not medically necessary and appropriate.

ZOLPIDEM 5MG: 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) - Online Version, Pain (Chronic), Zolpidem (AMBIENÂ®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also

concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Therefore, the request for Zolpidem 5mg is not medically necessary and appropriate.