MAXIMUS Federal Services

Case Number:	CM14-0006413		
Date Assigned:	02/07/2014	Date of Injury:	05/21/2002
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 injured worker is a 44 year old male injured on 5/2/02; the mechanism of injury was not provided for review. Current diagnoses included chronic thoracic pain and chronic lumbar discogenic pain. A clinical note dated 12/17/13 indicated that the injured worker presented reporting a recent flare-up of persistent thoracic and lumbar spine pain. Due to his job duties and requirements of climbing in small spaces, the injured worker had an exacerbation of chronic back pain. Objective clinical findings included increased tenderness to lumbar paraspinal muscles and full range of motion with reproducible pain. The injured worker requested increased strength in medication at night due to increased pain at the end of the workday. Medications included Norco 5/325mg four times daily, Tramadol ER 150mg twice daily, Colace 100mg two to three daily, and Ambien 10mg daily. Norco 10/325mg was added for nighttime pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100 MG, #300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20, OPIOIDS, 77

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options including proper diet, activity modification and increased fluid intake. Additionally, there is the indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Moreover, the number of tablets prescribed does not equal the number or tablets that the injured worker would take in the alotted amount of time. As such, the request is not medically necessary.

AMBIEN 10 MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted in the Official Disability Guidelines, 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 injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request is not medically necessary.

NORCO 10/325 MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20, OPIOIDS, 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. The injured worker shows improved functionality with the use of narcotic medications; however, the addition of Norco 10/325mg in the evening hours does not appropriately address the increased pain as it places the injured worker at increased risk for liver toxicity due to elevated acetaminophen levels, etc. As such, the request is not medically necessary.