

Case Number:	CM14-0102346		
Date Assigned:	07/30/2014	Date of Injury:	11/02/2006
Decision Date:	10/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 62-year-old male who sustained work-related injuries on November 2, 2006. A magnetic resonance imaging (MRI) scan of the lumbar spine dated September 18, 2008 revealed (a) posterior disc bulges of 4mm at L2-3, 3 to 4 mm at L3-4 and L5-S1 as well as 3mm at T11-T12, T12-L1, L1-2 and L4-5 with mild central canal narrowing at L2-3 and L4-5; (b) facet hypertrophy which is bilaterally mild at L4-5, and at L5-S1 moderate on the left and severe on the right; (c) neural foraminal narrowing which on the left is mild at L3-4 and L5-S1 as well as moderate at L4-5 and on the right, slight at L2-3 and L3-4 as well as mild at L4-5; (d) disc space narrowing at T11-T12 through L2-3 and at L4-5; and (e) L3 degenerative cyst. Per November 26, 2013 report, the injured worker complained of low back pain radiating to the right lower extremity involving the great toe. A similar problem was noted starting on the left lower extremity to the knee along the lateral aspect. Objectively, he was noted to ambulate with a cane. Straight leg raising test as noted at 60 degrees on the right and 90 degrees on the left in the sitting position. On January 10, 2014, he underwent urine drug testing and results revealed he was positive for tramadol metabolite. Most recent progress notes dated April 10, 2014 documents that he complained of low back pain radiating to the right lower extremity involving the great toe. A similar problem was noted starting on the left lower extremity to the knee along the lateral aspect. On examination, he was noted to ambulate with a cane. Straight leg raising test was positive at 60 degrees on the right and 90 degrees on the left in sitting position. Decreased sensation was noted in the right great toe with weakness in plantar and dorsiflexion on the right. He is diagnosed with (a) lumbar disc syndrome, (b) lumbar stenosis, and (c) lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 #120 (q.i.d. prn pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) Opioids Page(s): 51; 74, 78-80.

Decision rationale: Evidence-based guidelines indicate that if opioids are used in the long-term and there is a request for additional opioids as part of ongoing management, there should be documentation of the 4A's of monitoring, namely: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) and if opioids are to be used continuously there should be documentation of significant decrease in pain levels and significant increase in functional improvements. In this case, the injured worker is noted to be using Norco in the chronic term. However, absent are objective measurements (e.g. pain scores) which is needed in order to compare pain levels while utilizing Norco as well as no evidence of objective and functional improvements. The medical necessity of the requested Norco 7.5/325 milligrams is not established; therefore, the request is not medically necessary.

Ambien 10mg q hs #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 4/9/14)Zolpidem (Ambien)

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

Decision rationale: Ambien (Zolpidem) as per evidence-based guidelines indicate that this medication is indicated for short-term treatment of insomnia with sleep difficulty onset. In this case, the injured worker is noted to be utilizing Ambien in the long-term which is against evidence-based guideline recommendations. Moreover, there is no documentation of a failure of non-pharmacologic treatments. Also, there is no indication that the injured worker is suffering from insomnia. The medical necessity of the requested Ambien 10 milligrams #30 is not established; therefore, the request is not medically necessary.

Celebrex 200mg q am #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NSAIDs, Specific Drug List & Adverse Effects, Page(s): 22, 70.

Decision rationale: Anti-inflammatories as indicated by evidence-based guidelines are not warranted for long-term usage. Guidelines also indicate that this medication is indicated only for osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis as well as if there is indication that the injured worker is at risk for gastrointestinal complications. The injured worker does not exhibit any of the aforementioned indications and has been utilizing this medication in the long-term with no significant benefits documented. Therefore, the medical necessity of the requested Celebrex 200 milligrams #30 is not established. The request for Celebrex 200mg q am #30 is not medically necessary.