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| Case Number: | CM14-0105713 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 11/09/2004 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 65 year old gentleman was reportedly injured on November 9, 2004. The mechanism of injury was noted as recurrent heavy lifting. The most recent progress note, dated July 14, 2014, indicated that there were ongoing complaints of low back pain and bilateral legs pains. Current medications are stated to include Ambien, Celebrex, and Norco. The physical examination revealed the patient with ambulation and with the assistance of a cane, tenderness along the lumbar spine and the supraumbilical region. Diagnostic imaging studies of the lumbar spine revealed probable posterior displacement of the cage at L4 to L5 and backing out of the screw at L3 to L4. Lower extremity nerve conduction studies indicated chronic residual bilateral L5 radiculopathy and right sided L4 radiculopathy. Previous treatment included lumbar spine surgery x 3, the use of a transcutaneous electrical nerve stimulation (TENS) unit and oral medications. A request was made for Intermezzo 3.5 milligrams sublingual, Norco 10/325 milligrams, Tizanidine 4 milligrams, and Tramadol 50 milligrams and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 3.5mg #30, 1 refill: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG: Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Zolpidem

Decision rationale: Zolpidem (Intermezzo) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long term use for chronic pain. Review of the medical records indicates that there is prior use of this medication. This is a request for another two month's supply. As such, this request for Intermezzo 3.5 milligrams sublingual is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after work related injury on November 9, 2004. A review of the available medical records fails to document any objective or clinical improvement in the pain or function with the current regimen. As such, this request for Norco 10/325 milligrams is not considered medically necessary.

Tizanidine HCl 4 mg, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Tizanidine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Tizanidine is not medically necessary.

Tramadol 50mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short term use after there has been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol is not considered medically necessary.