

Case Number:	CM14-0106363		
Date Assigned:	07/30/2014	Date of Injury:	10/28/2005
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehab 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 54-year-old female who reported an injury on 10/28/2005. The injured worker was a flight attendant and was reportedly on a plane during a thunderstorm and when the plane hit turbulence, the injured worker hit the ceiling and the floor. On 06/06/2014, the injured worker presented with low back pain radiating down the bilateral legs, left side to the calf and right side all the way to the small toe. Upon examination of the lumbar spine, there was increased pain with range of motion, an antalgic gait, and decreased sensation to the L5 and S1 with a positive straight leg raise bilaterally. An x-ray of the lumbar spine noted anterolisthesis of L4-5 with instability on flexion and extension, grade 1. The AP pelvis revealed severe arthritis on the right hip and moderately severe on the left. A current medication list was not provided. The provider recommended Norco, Ambien, and Flexeril. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, evidence of the injured worker being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. A complete and adequate pain assessment for the injured worker was not provided. Additionally, there is lack of evidence of objective improvement in function, evidence that the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Ambien 10mg #30: Upheld

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

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

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. The Official Disability Guidelines state Ambien is a prescription short acting non-Benzodiazepine hypnotic, which is approved for the short-term, usually 2 to 6 weeks, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy should be an important part of insomnia treatment plan. There was lack of evidence of the injured worker displaying signs and symptoms or a diagnosis of insomnia. The provider's rationale was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short course therapy. The

greatest effect of the medication is in the first 4 days of treatment, suggesting the shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg #60 exceeds the guideline recommendation of short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of this medication. Additionally, the provider's request does not indicate the frequency of the medication and the request as submitted. As such, the request is not medically necessary.