

Case Number:	CM14-0013429		
Date Assigned:	04/25/2014	Date of Injury:	09/08/2010
Decision Date:	07/07/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 50-year-old individual was injured in September, 2010. No specific mechanism of injury is reported. It is noted that a TENS unit, the medications Cymbalta, Norco, Ambien and psychology sessions were not certified in the preauthorization process. It is also noted that these medications have been certified previously. The progress notes of April, 2014 indicated ongoing complaints of low back pain. A depressive disorder and anxiety state are also noted. The notes reflect that the symptoms are "essentially unchanged" subsequent to the prior visit. It is noted that the injured employee is working full time. Opioid therapy was described as a maintenance phase. No specific findings are noted on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG QTY: 540.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Opioids for chronic pain Page(s): 80.

Decision rationale: The utilization of chronic opioid medications is indicated in chronic back pain and when there is an increased functionality or allow for return to work. It is reported that the injured employee has returned to work full time with the use of the maintenance phase medication. As such, when noting there is no evidence of abuse, inappropriate use or diversion and that a return to work has been accomplished, there is a clinical indication to continue with his preparation.

AMBIEN 5MG QTY: 15.00: 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-TWC), 5th Edition, Pain (Chronic) Chapter, 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), Formulary Chapter (updated May 2014).

Decision rationale: This medication is not addressed in the MTUS. The parameters of the ODG are cited. This medication is a non-benzodiazepine hypnotic indicated for short-term temporary use of up to 6 weeks for insomnia issues. There is no objectification of a chronic need for this medication. As such, there is insufficient information presented to support this request.

PSYCHOLOGY SESSIONS QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: It is noted that the pain phase of this case has plateaued and that means medications are not clinically indicated. It is also noted that the injured employee has returned to work full time and no specific restrictions other than an occasional use of a cane and limitation to climbing that are listed. Furthermore, when noting the amount of psychiatric intervention already completed and the overall well-being identified, there does not appear to be a need for additional intervention. Lastly, there is no specific notation as to the need for a psychiatric intervention based on the current clinical situation.