MAXIMUS Federal Services

Case Number:	CM14-0014010		
Date Assigned:	02/26/2014	Date of Injury:	05/02/2004
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/04/2014

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 Texas and Oklahoma. 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 female who reported an injury on 05/02/2004; the mechanism of injury was not provided. The clinical note dated 01/24/2014 noted the injured worker presented with poor sleep quality. Prior treatment included medication and therapy. Upon exam, there was a left-sided push off and antalgic gait; the lumbar spine range of motion was restricted to 90 degrees of flexion and 22 degrees of extension. Upon palpation, the paravertebral muscles on the lumbar spine were tender and tight. There was a positive lumbar facet loading bilaterally, a positive FABER test, positive pelvic compression test, tenderness over the bilateral upper SI joints and lower lumbar paravertebral areas, positive twitch response with radiating pain on palpation at the lumbar paraspinal muscles on the left quadratus lumborum muscles. Deep tendon reflexes were 2/4 bilaterally on the biceps, 2/4 bilaterally on the brachial radialis, 2/4 bilaterally on the triceps, 2/4 bilaterally for knee jerk, and 1/4 bilaterally on the ankle jerk. The diagnoses were backache unspecified, spine; lumbar spondylosis; lumbar facet syndrome. The provider recommended Norco, Oxycontin, and Ambien. The provider's rationale was that the injured worker reported that without the medications she would not be able to move to get out of bed. She feels worse without pain medication. She feels like a knife is stabbing in her low back, SI joint, and hips. With medication she can perform activities of daily living (ADLs) and without the medication she is unable to do simple household tasks such as clean up after her dog or get out of bed due to severe pain. The request for authorization form was dated 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (BRP) 10/325 mg #90 (dispense) #180: 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 California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 05/2012; there is lack of evidence of significant functional improvement and efficacy of the medication. The request as submitted failed to provide the frequency of the medication. As such, Norco (BRP) 10/325 mg #90 (dispense) #180 is not medically necessary.

Oxycontin 10 mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Oxycontin since at least 05/2012; there is lack of evidence of significant functional improvement and efficacy of the medication. The request as submitted failed to provide the frequency of the medication. As such, Oxycontin 10 mg #60 is not medically necessary.

Ambien 10 mg #30 refill 2: 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), Pain, 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, Ambien.

Decision rationale: The Official Disability Guidelines state zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is approved for short-term, usually 2 to 6 weeks, and treatment of insomnia. Zolpidem is in the same drug class as Ambien. The injured worker has been prescribed Ambien since at least 12/2011. The efficacy of the medication was not documented. The guidelines state that Ambien should be used for short-term, usually 2 to 6 weeks' treatment, and the providers request for Ambien 10 mg with 2 refills exceeds the recommendation of the guidelines for short-term use. The frequency of the medication was not provided in the request as submitted. As such, Ambien 10 mg #30 is not medically necessary.