

Case Number:	CM14-0016908		
Date Assigned:	04/16/2014	Date of Injury:	08/16/2008
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has filed a claim for lumbar spine sprain/strain associated with an industrial injury date of August 16, 2008. The treatment to date has included medications. Utilization review from January 21, 2014 denied the requests for retrospective urine drug screen due to no evidence of high-risk behavior, baclofen due to no evidence of short-term use, and zolpidem due to long-term use. Medical records from 2013 through 2014 were reviewed showing the patient complaining of bilateral low back pain radiating into the bilateral posterior thighs and bilateral posterior calves. The pain is noted to be at 8-9/10 on the pain scale. A urine drug screen from January 9, 2014 was noted to have tramadol, which was not prescribed. On examination, lumbar spine range of motion was noted to be decreased. Lumbar discogenic provocative maneuvers were positive. Motor strength was 5/5 for all the limbs bilaterally, except for the right extensor hallucis longus, right tibialis anterior, and right gastrocnemius soleus which were at 4+/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TWELVE (12) PANEL URINE DRUG SCREEN: 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) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: As stated on page 43 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the patient is taking opioids however, there has been no discussion concerning high-risk behavior pertaining to medications in the documentation. Therefore, the request for retrospective urine drug screen is not medically necessary.

BACLOFEN 10MG, #60: 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) Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: As stated on page 64 of the California MTUS Chronic Pain Medical Treatment Guidelines baclofen is recommended for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. In this case, the patient has been taking baclofen since December 2013. However, there is no evidence of spasticity or spasms due to multiple sclerosis or spinal cord injuries. Therefore, the request for baclofen is not medically necessary.

RETROSPECTIVE ZOLPIDEM 10MG, #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 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 CHAPTER, ZOLPIDEM.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem was used instead. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking Ambien since July 2013. Long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Zolpidem is not medically necessary.