

Case Number:	CM14-0123882		
Date Assigned:	08/08/2014	Date of Injury:	01/04/1997
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 Medicine and is licensed to practice in Texas. 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 58 year old female injured on 01/04/97 due to undisclosed mechanism of injury. Diagnoses included sprains and strains of the neck and lumbar lumbosacral disc degeneration. Clinical note dated 07/01/14 indicated the injured worker presented complaining of lumbar spine pain with loss of range of motion. The injured worker reported reduction in analgesia at least 30-40% with improved functional capacity but activities of daily living, self-grooming, and chores around the house. Medications listed included Robaxin, Ambien, morphine IR, Voltaren gel, Lorazepam. The initial request for Norco 10/325mg #30 with five refills, Robaxin 750mg #60 with five refills, Ambien 10mg #30 with five refills, MSIR 15mg #60 with five refills, Voltaren gel 1% with #1 tube with five refills and Lorazepam 2mg #15 with five refills was non-certified on 07/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 with five (5) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: The request for 5 refills exceeds the standards of care set forth for appropriate re-evaluation of injured worker status and medication efficacy. As such, the request for Norco 10/325mg #30 with five (5) refills cannot be recommended as medically necessary.

Robaxin 750mg #60 with five (5) refills: Upheld

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

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

Decision rationale: The request for 5 refills exceeds the standards of care set forth for appropriate re-evaluation of injured worker status and medication efficacy. As such, the request for Robaxin 750mg #60 with five (5) refills cannot be recommended as medically necessary.

Ambien 10mg #30 with five (5) refills: 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) for Pain regarding Zolpidem (Ambien)/Insomnia treatment.

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

Decision rationale: The request for 5 refills exceeds the standards of care set forth for appropriate re-evaluation of injured worker status and medication efficacy. As such, the request for Ambien 10mg #30 with five (5) refills cannot be recommended as medically necessary.

MSIR (morphine sulfate immediate release) 15mg #60 with five (5) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The request for 5 refills exceeds the standards of care set forth for appropriate re-evaluation of injured worker status and medication efficacy. As such, the request for MSIR (morphine sulfate immediate release) 15mg #60 with five (5) refills cannot be recommended as medically necessary.

Voltaren gel 1% #1 tube with five (5) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac) Page(s): 112.

Decision rationale: The request for 5 refills exceeds the standards of care set forth for appropriate re-evaluation of injured worker status and medication efficacy. As such, the request for Voltaren gel 1% #1 tube with five (5) refills cannot be recommended as medically necessary.

Lorazepam 2mg #15 with five (5) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for 5 refills exceeds the standards of care set forth for appropriate re-evaluation of injured worker status and medication efficacy. As such, the request for Lorazepam 2mg #15 with five (5) refills cannot be recommended as medically necessary.