

Case Number:	CM14-0128373		
Date Assigned:	08/15/2014	Date of Injury:	07/17/2002
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Practice 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 claimant is a 47-year-old male claimant who sustained a work injury on 8/27/02 involving the low back. He had a history of lumbar decompression surgery. A progress note on 4/30/14 indicated the claimant had reduced range of motion of the lumbar spine, a positive straight leg raise and tenderness in the paralumbar region. This was unchanged from an exam in January 2014. The treating physician provided a Toradal injection and continued Norco and Soma for pain relief. He was given Ambien 3 month supply for difficulty sleeping. He had been on Norco an Soma for at least 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60 two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial

basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months and a refill was continued for a few months. There was insignificant improvement in function over 3 months. Therefore, the request for Norco 7.5/325 mg #60, two refills is not medically necessary and appropriate.

Soma 350mg , two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol and pg 298 Page(s): 298.

Decision rationale: According to the MTUS guidelines, Soma is not recommended. This medication is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In this case, there is no indication from the notes that Soma is providing pain or functional benefits. Therefore, the request for Soma 350 mg, two refills is not medically necessary and appropriate.

Ambien 10mg #30, two refills: 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 Ambien 10mg #30, two refills.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, there is no indication of the sleep disturbance etiology. Two months of Ambien use is longer than recommended by the guidelines. Ambien is also recommended to be started at 5 mg. Therefore, the request for Ambien 10 mg #30, two refills is not medically necessary and appropriate.