

Case Number:	CM14-0130391		
Date Assigned:	09/08/2014	Date of Injury:	10/27/2011
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 54 year old male with complaints of low back pain, lower extremity/foot pain, neck pain, left shoulder pain, left upper extremity pain. The date of injury is 10/27/11 and the mechanism of injury is fall injury slipping and hitting head/neck, low back. At the time of request for the following: 1.norco 7.5 #150 2.Tizanidine 4mg#30 3.Zolpidem ER 12.5#30, there is subjective (low back pain, leg/foot pain, neck pain, left upper extremity pain) and objective (bilateral paraspinal tenderness C4 thru C7, bilateral upper trapezius tenderness L>R, marked tenderness rhomboids L>R, positive L'Hermite's and left Spurling's signs) findings, imaging findings (cervical spine x-ray advanced disc collapse C6-7), diagnoses (Cervical sprain/strain, RSD of lower limb, low back pain), and treatment to date (medications, physical therapy, acupuncture, chiropractor). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Zolpidem is recommended only for short term treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, qty 150 with 1 refill: 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): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information unfortunately, it is my opinion that the request for Norco 7.5/325 #150 is not medically necessary.

Tizanidine HCL 4mg, qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 06/10/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. Therefore, this drug is not medically necessary.

Zolpidem Tartrate ER 12.5mg, qty 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 06/10/2014)

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

Decision rationale: Per ODG Evidence Based Decision Guidelines, zolpidem is recommended only for short term treatment of insomnia. As there is no clear diagnosis as to the etiology of sleep disorder and after review of the records appears to be circumstantial to chronic pain. Pain

Specialists, rarely if ever, recommend them for long term use. Therefore, this medication is not medically necessary.