MAXIMUS Federal Services

Case Number:	CM14-0152132		
Date Assigned:	09/22/2014	Date of Injury:	12/08/2009
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/18/2014

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 Orthopedic Spinal Surgery, 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 34-year-old female who reported an injury on 12/08/2009. The injured worker's diagnoses included right cervical radiculopathy and left greater than right lumbar radiculopathy. The injured worker's diagnostic testing included more recently a CT scan of the cervical spine performed on 09/04/2013, which was noted to reveal an intact interbody fusion at C6-7 with a right paracentral osteophytic end plate ridging extending 3 mm beyond the vertebral body margin, producing mild right lateral recess compromise. On 09/30/2013, an MRI scan of the cervical spine was noted to reveal mild spinal canal stenosis and mild ventral flattening of the ventral aspect of the spinal cord at the C6-7 disc level. The injured worker's surgical history included an anterior cervical fusion at C6-7 and anterior cervical partial vertebral corpectomies at C6 and C7 including foraminotomy. The injured worker was also noted to be status post right cubital tunnel release. On 08/20/2014, the injured worker had increasing complaints of lower back/tailbone pain. She rated the pain as a 10 on the VAS with and without the medications. She complained to have right elbow pain, and rated it as a 6 on a VAS scale without the use of medications and reduced to a 6 on the VAS with the use of her medications. Upon physical examination, the injured worker was noted to walk with a normal gait, and there was no evidence of weakness walking on the toes or heels. On palpation there was palpable tenderness of the paravertebral muscles bilaterally and over the coccyx. The injured worker's medications included Ambien 10 mg, Motrin 800 mg, and Vicodin 5/500. The request was for Norco 5/325 mg and Ambien 10 mg. The rationale for the request was not provided. The Request for Authorization form was not submitted for review. The injured worker's past treatments included physical therapy, a tush cushion, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The request for Norco 5/325 mg #90 is not medically necessary. The California MTUS Guidelines state that opiates may be recommended for ongoing treatment when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include a quantified current pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial function, and the occurrence of any potentially aberrant drug related behaviors. The injured worker did complain of pain to her lower back and tailbone area that she rated a 10/10 on a VAS with and without the medications. The injured worker was noted to be on opioid therapy since at least 02/2014. There was no evidence of efficacy indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient was documented to have performed a urine toxicology screening in 03/2014 that was consistent with the prescribed medications. In the absence of documentation with evidence of a satisfactory response to treatment indicated by the patient's decreased pain, increased level of function, or improved quality of life, the request is not supported at this time. Additionally, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.

Ambien 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, Pain (Chronic), 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, Insomnia treatment

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. The Official Disability Guidelines state that Ambien is a first line medication for insomnia. It is approved for the short-term (usually two to six weeks) treatment of insomnia. It does have potential for abuse and dependency. Adults who use zolpidem have a greater than 3 fold increased risk for early death according to the results of a large matched cohort survival analysis. The injured worker was noted to have been taking Ambien since at least 02/2014, the guidelines only recommend for

short-term use. The documentation did not provide evidence of the efficacy of the medication. Satisfactory response may be indicated by the patient's increased level of function and improved quality of live. In the absence of the documentation with evidence of significant objective functional gains or improved quality of life because of the medication, the request is not supported at this time. Additionally, the guidelines do not recommend long-term use of the medication. Furthermore, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.