MAXIMUS Federal Services

Case Number:	CM14-0158138		
Date Assigned:	10/01/2014	Date of Injury:	10/15/1995
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 47 year old female with date of injury10/15/95. The treating physician hand written report dated 8/25/14 indicates that the patient presents with tailbone pain and occasional leg radiation. The physical examination findings reveal LS tender, SLR + stretch sign, neuro intact, gait ok, DTR 2/2. The current diagnosis is: S/P LS fusion.The utilization review report dated 9/9/14 denied the request for Norco 10/325 #60 and Ambien 10mg #30 and modified the Norco to #45 with recommendation for tapering based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Norco 10/325mg, #60 (through [redacted]) between 9/8/2014 and 11/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Back Pain, Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS MTUS document pain and functional improvement and compare to baseline Page(s): 74-96, 88.

Decision rationale: The patient presents with chronic tailbone pain and occasional leg radiation. The current request is for Norco 10/325 #60. The treating physician report dated 8/25/14 states,

"Needs occasional Norco and Ambien. Continue HEP for LS area, has new separate claim for a fall, needs 1 year membership [redacted] for aquatic exercise, renew Norco 10/325 #60 and Ambien 10mg #30." There is no further discussion regarding how long the patient has been using Norco and Ambien and the report dated 5/12/14 states, "On no meds now, totally attempting to deny retrospective meds." MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's(analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. The treating physician has failed to provide any clinical information as to the benefits of previous Norco usage as required by MTUS and utilization review has authorized a modified prescription for weaning purposes. The request is not medically necessary and appropriate.

One prescription for Ambien 10mg, #30 (through [redacted]) between 9/8/2014 and 11/7/2014: 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), Pain (Chronic), Mental Chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Medication Chapter

Decision rationale: The patient presents with chronic tailbone pain and occasional leg radiation. The current request is for Ambien 10mg, #30 (through [redacted]) between 9/8/2014 and 11/7/2014. The treating physician report dated 8/25/14 does not provide any information as to the length of time the patient has been prescribed Ambien, only that the patient needs occasional Ambien. There is no documentation to show the effects of prior Ambien usage and there are no complaints or diagnosis of sleep disorder. Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The patient has been using Ambien for an unknown period of time and the duration of the current request is 8 weeks. The current request is not supported by the ODG guidelines. The request is not medically necessary and appropriate.