

Case Number:	CM14-0163431		
Date Assigned:	10/08/2014	Date of Injury:	12/08/2013
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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, 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 56 year old female with an injury date of 12/08/13. The 07/11/14 progress report by [REDACTED] states that the patient presents with persistent burning pain in the back and bilateral lower extremities, as well as the right wrist and hand. Pain in the back and legs is rated 7/10, wrist 5/10 and bilateral ankles 6/10. The patient is working. Examination of the lumbar spine reveals hypolordosis at rest with tenderness of the paraspinals with mild spasm and guarding with motion. Straight leg is positive on the left. Sensation is diminished in left L4, L4 and S1 dermatomes. Examination of the right wrist shows tenderness about the carpal area. The patient's diagnoses include: Right wrist tenosynovitis L4-5 spondylolisthesis with right lower extremity radiculopathy. Medications include cyclobenzaprine and Tylenol with Codeine. The utilization review being challenged is dated 09/12/14. Reports were provided from 03/17/14 to 07/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

Decision rationale: MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The treating physician does not discuss the intended use of this medication or whether it is of benefit to the patient in the reports provided. In this case, it appears that the use of the medication is outside the 2-3 weeks recommended by MTUS. Therefore, this request is not medically necessary.

Norco 10/325mg Qty: 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Therapeutic Trial Page(s): 76-79.

Decision rationale: MTUS Criteria for Use of opioids Therapeutic Trial of Opioids pages 76-79 states, "1) Establish a Treatment Plan. The use of opioids should be part of a treatment plan that is tailored to the patient. Questions to ask prior to starting therapy: Are there reasonable alternative and have they been tried? Is the patient likely to improve? Is there likelihood of abuse or adverse outcome? Ask about Red Flags. Are there inconsistencies identified in history, presentation or behavior? In this case, the treatment reports provided do not indicate long term opioids use; however, only a limited time period is covered from 03/17/14 to 07/11/14. The 09/12/14 utilization review indicated this request was partially certified in order to wean the patient. However, the 7/11/14 report seems to show first prescription of Norco. The treating physician does not discuss why Norco is being started, what pain control issues there are and what specific goals are for the opiate use. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Opiate management requires documentation of medication efficacy. The treating physician does not provide any discussion in any of the reports. The reports provided do not contain a treatment plan addressing opioid use as required per MTUS above. Therefore, request is not medically necessary.

Ambien 10mg Qty: 45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter have the following regarding Ambien for insomnia: Zolpidem [Ambien® (generic available), Ambien CR]

Decision rationale: ODG guidelines have the following regarding Ambien for insomnia: Zolpidem [Ambien (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the treating physician does not discuss the intended use of this medication. The most recent report provided is dated 07/11/14 and there is no indication Ambien was used prior to this time. There is no discussion regarding sleep issues for the patient and the treating physician does not state that use is intended to be for the short-term as recommended by ODG. Therefore, is request is not medically necessary.