

Case Number:	CM14-0021065		
Date Assigned:	02/28/2014	Date of Injury:	08/25/2004
Decision Date:	06/27/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 53 year old male who is reported to have sustained injuries to his low back on 08/25/04. The records indicate that the injured worker has undergone extensive conservative treatment; however due to prolonged low back pain and failure of conservative management, he was taken to surgery on 02/21/13. On this date, the injured worker underwent a right sided L4-5 and L5-S1 microdiscectomy with partial laminectomies at L4 and S1 and complete laminectomy at L5. Postoperatively, the injured worker is noted to have some improvement in his radicular symptoms. He was referred for postoperative physical therapy and he has chronically been maintained on the opiate medication Norco 10/325mg and Ambien 10mg. The record contains a utilization review determination dated 02/05/14 in which requests for these medications were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 1 BY MOUTH FOUR TIMES A DAY AS NEEDED #120, NO REFILLS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for Norco 10/325mg #120 with no refills is not supported as medically necessary. The records indicate that the injured worker is greater than 6 months post-date of surgery. Records do not provide any substantive VAS data or other measurements of functional improvements to establish the medical necessity for continued use of this medication.

AMBIEN 10MG 1 BY MOUTH AT BEDTIME AS NEEDED #30, NO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for Ambien 10mg, #30 is not supported as medically necessary. Per Official Disability Guidelines, Ambien is to be utilized for 2-3 weeks until the normalization of sleep patterns occur at which time this medication should be discontinued. Per the guidelines, the chronic use of this medication is not supported and therefore, the request is not recommended as medically necessary.