

Case Number:	CM14-0022711		
Date Assigned:	06/11/2014	Date of Injury:	07/30/2013
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 41 year old male who was injured on 07/30/2013 as he was carrying a piece of wood weighing about 100 pounds when he tripped over a rock and fell to the ground and the plywood hit his right shoulder and he landed on the ground on his knees and then fell to his stomach. His left elbow impacted the ground and he felt immediate pain in the lower back and left elbow. Prior treatment history has included right L4-L5 and L5-S1 bilateral transforaminal epidural steroid injection on 03/07/2014. The patient's medications include: Ambien, Norco and Lidoderm patch as documented in 02/18/2014. Diagnostic studies reviewed include a urine drug screen dated 12/09/2013 which revealed positive detection for Hydrocodone, norhydrocodone and hydromorphone which is consistent with the patient's treatment and negative for codeine and morphine. Progress report dated 02/10/2014 documented the patient with complaints of low back pain with radiation down the bilateral legs increased on the right. He rates the pain at 8-9/10 and denies any new accidents or injuries since his last visits. Objective findings on exam include tenderness which was noted on the lower lumbar spine. The range of motion was severely decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, urine drug testing is recommended for patients taking opioids on a chronic basis with the frequency determined by risk of abuse or aberrant behavior. This is a request for urine drug screen for a 41-year-old patient with chronic low back pain and left elbow pain. He is taking Hydrocodone on a chronic basis. However, according to medical records, a drug screen was requested on 11/6/13, which was approved. There is no documentation of high risk of abuse or aberrant behavior. In this setting urine drug testing is recommended on a semiannual basis. More frequent screening is not recommended. Medical necessity is not established.

LIDODERM PATCHES 5% #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics may be recommended for neuropathic pain when trials of oral medications have failed. Lidoderm is recommended for localized peripheral neuropathic pain. This is a request for Lidoderm for a 41-year-old male with chronic low back and left elbow pain. He is diagnosed with lumbar radiculopathy. However, in the provided medical records, patient complaints lack detail, physical examination findings are inconsistent, and lumbar MRI does not appear to demonstrate nerve impingement such that neuropathic pain remains questionable. Further, the patient does not have localized peripheral neuropathic pain. Also, there is no documented failure of oral medications. Finally use of this medication has not led to clinically significant functional improvement or pain reduction. Medical necessity is not established.

HYDROCODONE-APAP 10-325 TABLET #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Hydrocodone is a short-acting opioid, which is recommended for intermittent, or breakthrough pain if functional benefit is established. This is a request for Hydrocodone for a 41-year-old male with chronic low back and left elbow pain. The patient is taking Hydrocodone on a long-term basis since at least September 2013. Medical records fail to document clinically significant functional improvement or pain reduction from use of this medication. The patient continues to complain of severe pain and

dysfunction. He is not working. He was made TTD at one point due to increased back pain secondary to emesis related to opioid use. Medical necessity is not established.

ZOLPIDEM TARTRATE 10MG TABLET #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS, ZOLPIDEM.

Decision rationale: The CA MTUS guidelines do not address the issue in dispute. According to the ODG, Zolpidem is recommended for the short-term treatment of insomnia, usually 2 to 6 weeks. Long-term use is not recommended given the risk of habituation, impairment in memory and function, and increased pain and depression. This is a request for Zolpidem for a 41-year-old male with chronic low back and left elbow pain. The patient is prescribed Zolpidem on a long-term basis. However, medical records fail to document significant improvement due to use of this medication. There is little discussion of the patient's insomnia or rationale for long-term use of this medication. Medical necessity is not established.