MAXIMUS Federal Services

Case Number:	CM14-0024563		
Date Assigned:	06/11/2014	Date of Injury:	05/06/2013
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 American Board of Orthopaedic Surgery 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 injured worker is a 53-year-old female who was reportedly injured on May 6, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 22, 2014, indicated there were ongoing complaints of headaches, radicular low back pain radiating to the right greater than the left lower extremity and muscle spasms. It was stated that previous medications were helpful in reducing the injured employee's pain temporarily. The physical examination demonstrated tenderness at the occiput and tenderness at the lumbar Para spinal region with spasms. There was decreased lumbar range of motion and a positive bilateral straight leg raise. Examination of the right ankle and foot noted tenderness at the medial aspect of the ankle over the deltoid ligament and laterally over the anterior talofibular ligament as well as the plantar fascia. There was a diagnosis of status post blunt head trauma with headaches, lumbar spine disc displacement, Grade one anterolisthesis of L3 on L4 and L4 on L5, lumbar radiculopathy and right ankle/foot sprain. The treatment plan included continued oral medications, shockwave therapy and home usage of a Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR AMBIEN 5 MG ONE TAB AT BEDTIME FOR SLEEP #60, 60 DAYS: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ambien, updated June 10, 2014.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not address the use of hypnotics such as Ambien. However, the Official Disability Guidelines states that medications such as Ambien are approved for the short-term (usually two to six weeks) treatment of insomnia. While the treatment note, dated January 22, 2014, does state that medications have helped reduce pain and improve sleep, it is not stated what medications these were. Additionally, this request is for two months supply of Ambien rather than two weeks. For these reasons, this request for Ambien is not medically necessary.

RETROSPECTIVE REQUEST FOR NORCO 5/325 MG ONE TAB EVERY 6-8 HOURS FOR PAIN, #120, 45 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the usage of narcotic medications, such as Norco, are only indicated for long-term use when they are documented pain and functional improvement compared to baseline. This includes increased level of function or improved quality of life and increased ability to perform in activities of daily living. Additionally, there is no documentation concerning previous urine drug screen results or screening for abuse/addiction. This is concerning for a prescription of 120 tablets of Norco. For these reasons, this request for Norco is not medically necessary.