

Case Number:	CM14-0025972		
Date Assigned:	06/16/2014	Date of Injury:	10/09/2001
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 42 year old male who was injured on 10/09/2001. Mechanism of injury is unknown. Progress report dated 12/28/2013 documented the patient with complaints of low back pain radiating to both legs with numbness and tingling, left more than right. Objective findings on examination include positive tenderness to palpation in the paraspinal muscles with a decreased range of motion. Pain is positive with straight leg raising test bilaterally at 20 degrees. The treatment plan was to recommend a cane for the patient to have assistance to ambulate and to continue his meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioid, which is seen as an effective method in controlling chronic pain. These drugs are often used for intermittent or breakthrough pain. Guidelines indicate that four domains have

been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. The medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of Norco administration. Therefore, the medical necessity of Norco has not been established.

SOMA 350 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Chronic use of muscle relaxants is not recommended by the guidelines. As per CA MTUS guidelines, Soma is not recommended for longer than 2 to 3 weeks period. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Therefore, the medical necessity for Soma is not established.

AMBIEN 10MG #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, Pain Chapter.

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

Decision rationale: CA MTUS does not adequately address the requested medication, thus other guidelines were used. According to the ODG, Zolpidem (Ambien) is not recommended for long-term use. Providers should look at alternative strategies for treating insomnia such as sleep hygiene. In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary according to the guidelines.