

<b>Case Number:</b>	CM14-0028488		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and is licensed to practice in 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 suffered a work related injury on 04/27/11, he bent over to pick up a box of potatoes when he felt a sharp pain with intense pain in his lower back that radiated into his left leg. The injured worker went to [REDACTED] where x-rays were taken. He was provided with pain medication and a back brace. He was sent back to work with restrictions which were not honored. His pain became more intensified. He developed anxiety, depression, and sleeping problems due to the severity of his pain. In July of 2011, an magnetic resonance imaging (MRI) scan of his low back revealed disc bulges. He was treated with physical therapy, pain medication, and also underwent a series of epidural injections without positive results. Surgery was recommended at that time but apparently the injured worker did not want to have surgery. Apparently, in February of 2013 the injured worker did undergo a surgical procedure. He had a lumbar decompression at the L4-5 level with minimal relief of symptoms. As a result of the persistent pain and disability and experiences of stress in the workplace, the injured worker developed symptoms of mental disorder including depression, anxiety, irritability, and insomnia. The injured worker went for a psychological evaluation and treatment in November of 2012. In May of 2013, he was reevaluated for recurrence of low back and left leg symptoms. His physical examination showed there is diminished sensation over the left L5 dermatome. Sensation is intact in all other dermatomes. Achilles and patella reflexes are 2+. There was no Achilles clonus. Straight leg raise was negative. Assessment was status post lumbar decompression with a recurrent L5 radiculopathy. The injured worker did have MRI that did show foraminal narrowing and a redo surgery was recommended but the injured worker did not have that done. Progress note dated 11/25/13 stated that the pain was not under control with the use of Nonsteroidal anti-inflammatory drugs (NSAID's). Current medications are Seroquel, Buspar,

Citalopram, Naproxen, and Ambien. Prior utilization review on 02/28/2014, non-certified for Naproxen 500mg, and Ambien 10 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NAPROXEN 500MG #60 WITH 2 REFILLS QTY 180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain management.

**Decision rationale:** The request for Naproxen 500 mg # 60 with 2 refills is not medically necessary. The submitted documentation does not support the request for Naproxen. There is no documentation of Naproxen being prescribed. Further, progress note dated 11/25/13 stated that the pain was not under control with the use of non-steroidal anti-inflammatory drugs (NSAID's). Therefore medical necessity has not been established.

#### **AMBIEN 10MG #60 WITH 2 REFILLS QTY 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 10 mg # 60 with 2 refills is not medically necessary. The submitted clinical documentation does not support the request. Ambien is indicated for short term treatment of insomnia (7-10 days), and has the potential for abuse and dependency. Ambien CR has been found to be effective for up to 24 weeks in adults. As this is a chronic condition Official Disability Guidelines (ODG) would not support the continued use of this medication. Therefore, medical necessity is not established.