

Case Number:	CM14-0028935		
Date Assigned:	06/16/2014	Date of Injury:	01/04/2011
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	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, has a subspecialty in Interventional Spine, 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 54 year old female with an injury date of 1/4/11. Based on the 2/3/14 progress report provided by [REDACTED] the patient complains of pain in the lower back and lower extremities. The patient's diagnoses include lumbar sprain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and diabetic neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325MG ONE 1-Q6HR # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61, 78, 88-89.

Decision rationale: For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4As (analgesia, activities of daily living, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain

relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in activities of daily living. As such, the request is not medically necessary.

AMBIEN 10MG ONE 1QHS #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS and ACOEM guidelines do not address Ambien; however, the Official Disability Guidelines state that Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset of 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting 30 days worth of this medication. As such, the request is not medically necessary.