MAXIMUS Federal Services

Case Number:	CM14-0034140		
Date Assigned:	06/20/2014	Date of Injury:	11/06/2008
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/19/2014

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 and New York. 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 33-year-old male who reported an injury on 11/06/2008. The mechanism of injury was not provided. The clinical note dated 11/04/2013, noted the injured worker presented with continued lower back pain. Upon examination there was painful limited range of motion, tenderness to palpation over the lumbar spine, and the injured worker stated the pain medication helped decrease pain and allows him to continuing working. The diagnosis was lumbar spine radiculopathy. Prior treatment included Xanax, Norco, and Ambien. The provider recommended urine toxicology and refills of Xanax, Norco, and Ambien. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Screening for Risk of Addiction (Tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, page(s) 43 Page(s): 43.

Decision rationale: The California MTUS recommends a urine drug test is an option to assess for the use or presence of illegal drugs and may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behavior, or whether the injured worker was suspected of illegal drug use. The last urine drug screening was performed in 11/2013. Additionally, the provider's rationale was not provided. As such, the request is not medically necessary.

Xanax 0.5mg, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 24 Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepine for long-term use, because long-term efficacy is unproven and there is a risk for dependence. The guidelines recommend a limited use of up to 4 weeks. The injured worker has been prescribed Xanax since at least 03/27/2013. The efficacy of the medication was not provided. The request, as submitted, did not indicate the frequency of the medication. Therefore, the request is not medically necessary.

Norco 10/325mg, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and side effects. The injured worker has been prescribed Norco since at least 11/2013. The efficacy of the medication was not provided as evidenced by significant objective functional improvement. The provider's request did not indicate the frequency and quantity of the medication being requested. As such, the request is not medically necessary.

Ambien 10mg #30, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain, Ambien (Zolpidem Tartrate).

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

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription for a short-acting non-benzodiazepine hypnotic, which is approved for short term, usually 2 to 6 week treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short-term benefit. They can be habit forming and impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The included medical documentation did not indicate the severity or symptoms of insomnia. Insomnia symptoms would include difficulty with sleep initiation, sleep maintenance, early awakening or next day functioning, and quality of sleep. The injured worker has been prescribed Ambien since at least 11/04/2013, which exceeds the recommendation for short term use. The efficacy of the medication was not demonstrated. The request for Ambien 10 mg with a quantity of 30 and 3 refills would translate to a 3 months' supply of the medication, and would further exceed the guideline recommendation of short-term use. The provider's rationale was not provided and the request did not indicate the frequency of the medication. As such, the request is not medically necessary.