

Case Number:	CM14-0034939		
Date Assigned:	06/23/2014	Date of Injury:	10/09/1996
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 is a 58 year old female who sustained an injury on 10/09/96 while moving a refrigerator. The injured worker developed complaints of low back pain radiating to the lower extremities. The injured worker has been followed by a pain management physician as well as psychiatrist. The injured worker's psychiatrist prescribed Cymbalta 30mg, Wellbutrin XL 300mg, and Abilify 2mg. A note dated 10/10/13 showed prescriptions from the pain management physician which included Baclofen 10mg, Lyrica 50mg, Zolpidem 10mg, Hydrocodone 5/500mg, Lorazepam 0.5mg, and Pantoprazole DR 40mg. The injured worker was continuing to report severe low back and lower extremity symptoms. The injured worker was noted to have had poor ambulation and utilized a single point cane. No specific responses to medications were documented. Prescriptions for Baclofen, Lyrica, Zolpidem, and Hydrocodone were continued at this visit. The requested Baclofen 10mg, Lyrica 50mg, Zolpidem 10mg, and Hydrocodone 5/500mg were all denied by utilization review on 02/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg tablet take 1 three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-67 Page(s): 63-67.

Decision rationale: In regards to the request for Baclofen 10mg, this reviewer would not have recommended this medication as it is not medically necessary based on the clinical documentation provided for review as well as current evidence based guidelines. The last evaluation from the pain management physician was from October of 2013. In this report, there were no specific benefits discussed with the continued use of this medication. No further updated clinical reports from the pain management physician were available for review supporting further benefits obtained with the use of Baclofen to support its ongoing use. Furthermore, the request is non-specific in regards to quantity or duration. Therefore, the request is not medically necessary.

Lyrica 50mg capsule take 1 cap q am and 2 caps qhs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 20. Decision based on Non-MTUS Citation Non-MTUS Website National Library of Medicine, www.ncbi.nlm.nih.gov/.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics, page(s) 16-22 Page(s): 16-22.

Decision rationale: In regards to the request for Lyrica 50mg, it is not medically necessary based on the clinical documentation provided for review as well as current evidence based guidelines. The last evaluation from the treating pain management physician was from October of 2013. In this report, there were no specific benefits discussed with the continued use of this medication. No further updated clinical reports from the treating pain management physician were available for review supporting further benefits obtained with the use of Lyrica to support its ongoing use. Furthermore, the request is non-specific in regards to quantity or duration. Therefore, the request is not medically necessary.

Zolpidem 10mg take 1 at bedtime: 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).

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 Chapter, Zolpidem.

Decision rationale: In regards to the request for Zolpidem 10mg, it is not medically necessary based on the clinical documentation provided for review as well as current evidence based guidelines. The last evaluation from the treating pain management physician was from October of 2013. In this report, there were no specific benefits discussed with the continued use of this medication. No further updated clinical reports from the treating pain management physician were available for review supporting further benefits obtained with the use of Zolpidem to

support its ongoing use. Furthermore, the request is non-specific in regards to quantity or duration. Therefore, the request is not medically necessary.

Hydrocodone/apap 5/500 take 1 tab daily as needed for pain: 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) 88-89 Page(s): 88-89.

Decision rationale: In regards to the request for Hydrocodone 5/500mg, it is not medically necessary based on the clinical documentation provided for review as well as current evidence based guidelines. The last evaluation from the treating pain management physician was from October of 2013. In this report, there were no specific benefits discussed with the continued use of this medication. No further updated clinical reports from the treating pain management physician were available for review supporting further benefits obtained with the use of Hydrocodone to support its ongoing use. Furthermore, the request is non-specific in regards to quantity or duration. Therefore, the request is not medically necessary.