

<b>Case Number:</b>	CM14-0043254		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/16/1999
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Nevada. 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 42 year-old male injured on August 16, 1999. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 7, 2014, indicates that there are ongoing complaints of back and right lower extremity pain. The pain is described as 8/10 on the visual analog scale. The physical examination demonstrated an antalgic gait pattern requiring a single point cane. Diagnostic imaging studies objectified intra-articular right knee pathology. Previous treatment includes multiple medications, transcutaneous electrical nerve stimulation (TENS), surgical interventions the right knee, and a lumbar fusion dating back to 2004. A request had been made for Ambien and Norco and was not certified in the pre-authorization process on March 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 prescription of Ambien 10mg #90 ( month supply) between 2/12/14 and 2/12/2014: Upheld**

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

**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, updated July, 2014.

**Decision rationale:** Ambien is a short-acting, non-benzodiazepine hypnotic which is indicated for short-term use in the treatment of insomnia for up to 6 weeks according to Official Disability Guidelines. There is no clinical indication for chronic or indefinite use of this medication. Therefore, based on the progress notes reviewed, the request is not medically necessary.

**Retrospective request for 1 prescription of Norco 10/325mg #360 (3 month supply) between 2/12/2014 and 2/12/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 75-78 of 127.

**Decision rationale:** When considering the date of injury, the date of surgery, the lack of any significant improvement in the overall pain complaints and that there are gastric complications the medical necessity for the continued use of this preparation is not established. Furthermore, there is no noted opioid contract or appropriate urine drug screening to establish the utilization of this medication. There are ongoing complaints of pain but the functionality or return to work has not been established. Therefore, when considering the parameters outlined in the Chronic Pain Medical Treatment Guidelines, the physical examination findings and the lack of any significant improvement there is no medical necessity established.

**Retrospective request for 1 prescription of Flexeril 10mg #90 (3 month supply) between 2/12/2014 and 2/12/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Retrospective request for 1 prescription of Omeprazole 20mg #90 (3 month supply) between 2/12/2014 and 2/12/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** The medical records reflect that there are complaints of gastrointestinal distress that are alleviated with the medication omeprazole. While noting no specific non-steroidal medications are being employed, there are medications that can cause some distress. As such, noting the efficacy of this preparation, the request is medically necessary.