

Case Number:	CM14-0046737		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2010
Decision Date:	09/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 08/05/2010. The mechanism of injury was not provided. On 03/04/2014, the injured worker presented with severe lower back pain and obesity. Upon examination, there was tenderness to palpation and restricted range of motion of the lumbar spine with a positive straight leg raise. The diagnoses were chronic pain syndrome and lumbar sprain/strain and cervical sprain/strain. Medications include Norco, Prilosec, Fexmid and Ambien. The provider recommended Norco, the provider's rationale was not provided. The Request for Authorization Form was dated 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco x1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 76-80.

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

Decision rationale: The California MTUS Guideline recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of

pain relief, functional status, appropriate medication use and side effects should be evident. There is a lack of evidence of objective assessment of the injured worker's pain level, functional status, evaluation of a risk for aberrant drug abuse behavior and side effects. Additionally, the provider's request does not indicate a dose, quantity, or frequency of the medication in the request as submitted. A complete and adequate pain assessment was not provided. As such, the request is not medically necessary.

Prilosec: 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 NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, Prilosec may be recommended for injured workers with dyspepsia secondary to NSAID therapy for those taking NSAID medications are moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendations for Prilosec. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency, quantity, or dose of the medication in the request as submitted. As such, the request is not medically necessary.

Fexmid: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs and pain in overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The efficacy of the prior use of this medication was not provided. Additionally, the provider's request does not indicate the frequency, dose or quantity of the medication in the request as submitted. As such, the request is not medically necessary.

Ambien: 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 (ODG) Pain, Ambien.

Decision rationale: The Official Disability Guidelines state that Ambien is a prescription short-acting nonbenzodiazepine 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. Ambien is not recommended for long term use. They can be habit-forming, and it may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term and efficacy of the prior use of Ambien has not been provided. There is also lack of documentation of signs and symptoms or a diagnosis of insomnia. The provider's request does not indicate the dose, frequency or quantity of the medication in the request as submitted. As such, the request is not medically necessary.

Computerized ROM testing: 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 (ODG) Low Back, Computerized ROM testing.

Decision rationale: The Official Disability Guidelines do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the results of range of motion is of unclear therapeutic value. Measurement of 3-dimensional real time lumbar spine motion including derivatives of velocity and acceleration have greater utility in detecting injured workers with failed back disorder than range of motion. The provider's rationale for the knee for computerized range of motion testing as opposed to noncomputerized range of motion testing was not provided. Inclinometer is the preferred device for obtaining accurate, reproducible measures. As such, medical necessity has not been established.