

Case Number:	CM14-0047855		
Date Assigned:	06/25/2014	Date of Injury:	11/05/2003
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics and is licensed to practice in 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 64 year old man with a date of injury of 11/5/03. He was seen by his physician on 3/21/14 for L4-5 and L5-S1 discopathy and stenosis as well as left knee pain. He is status post physical therapy, epidural injections and the prescription of numerous medications targeting his pain. His physical exam showed he walked with an antalgic gait and had tenderness and spasm in the lumbar paraspinal muscles. He had limited range of motion in all planes and a bilateral positive straight leg raise. MRI from 1/14 showed moderate to severe neural foraminal narrowing in L4-5 and L5-S1. The request was for lumbar surgery and several medications to use post-operatively that are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 55 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment

modalities and a request for surgery for spinal stenosis was made with norco ordered in anticipation of post-operative pain. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. There is no documentation of a discussion of efficacy or side effects. It is difficult to anticipate the degree of pain or type of pain medication that will be required and tolerated by the individual pre-operatively. The records do not substantiate the medical necessity of pre-operative ordering of norco.

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: This 55 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities and a request for surgery for spinal stenosis was made with tramadol ordered in anticipation of post-operative pain. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There is no documentation of a discussion of efficacy or side effects. It is difficult to anticipate the degree of pain or type of pain medication that will be required and tolerated by the individual pre-operatively. The records do not substantiate the medical necessity of pre-operative ordering of tramadol.

Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This 55 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities and a request for surgery for spinal stenosis was made with tramadol ordered in anticipation of post-operative pain. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of a discussion of efficacy or side effects. It is difficult to anticipate the degree of spasm or that spasm will occur and that a medication will be required and tolerated by the individual pre-operatively. The records do not substantiate the medical necessity of pre-operative ordering of tizanidine.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: zolpidem drug information and treatment of insomnia.

Decision rationale: This 55 year old injured worker has chronic back pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities and a request for surgery for spinal stenosis was made with tramadol ordered in anticipation of post-operative pain Zolpidem or ambien is used for the short-term treatment of insomnia (with difficulty of sleep onset). There is no documentation of a discussion of efficacy or side effects. Also, patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. It is difficult to anticipate the degree of insomnia or if insomnia will occur and that a medication will be required and tolerated by the individual pre-operatively. The records do not substantiate the medical necessity of pre-operative ordering of ambien.