

Case Number:	CM14-0049503		
Date Assigned:	07/07/2014	Date of Injury:	03/09/2005
Decision Date:	08/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 53-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 03/09/2005. Medical records from 2011 to 2014 were reviewed and showed that patient complained of persistent lower back pain radiating to the bilateral buttocks and right lower extremity. Physical examination revealed that the patient ambulates with a markedly antalgic gait, and has a prosthetic left leg. There is decreased sensation in the right leg in the L5-S1 distribution. He has weakness with extension as well as dorsiflexion on the right foot. Treatment to date has included surgery, oral medications, use of intrathecal pump and opioid medications. Utilization review, dated 04/09/2014, modified the prescription for Norco 10/325mg #180 to Norco 10/325mg #135 and a prescription of Robaxin 750mg #120 has been modified to Robaxin 750mg #90 for purposes of gradual weaning. The same review denied the request for Ambien 10mg #30 however there was no documentation present in the utilization review letter for its reason.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/ 325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records show that the patient has been prescribed with Norco as early as May 2013. The medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325MG, #180 is not medically necessary.

Ambien 10 mg #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 Official Disability Guidelines (ODG), Pain, Zolpidem.

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, Ambien was prescribed in May 2013 for insomnia. Use of Ambien is approved only for short-term treatment and in this patient treatment with this medication has clearly exceeded the time frame set according to the guidelines. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

Robaxin 750 mg #120: 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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient was prescribed Robaxin as early as May 2013. However, the medical records do not clearly reflect continued functional benefit from its use. The guideline does not recommend long-term use of muscle relaxants, and

no discussion regarding weaning was found. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request failed to specify quantity to be dispensed. Therefore, the request for Robaxin 750 mg #120 is not medically necessary.