

Case Number:	CM14-0051907		
Date Assigned:	07/11/2014	Date of Injury:	10/16/2001
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and 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 47 year old male who had a work related injury on 10/16/01. The injured worker was working with a cord which got stuck in a wall. He bent over to dislodge it, jerking it and he felt his back pop. The injured worker immediately fell to the ground, having shooting pain down his left leg. The injured worker has had conservative care which has been physical therapy, acupuncture was suggested but he has a needle phobia. The injured worker was treated with steroids. Shortly after the injured worker had back problems with ongoing problems with his hips and limited range of motion, studies revealed that he had avascular necrosis of his hips. The injured worker underwent EMG/NCV study which showed some slight nerve damage. MRI showed some bulging at L4-5. X-rays showed avascular necrosis. The injured worker has not had epidural steroid injections because of the avascular necrosis and does not wish to have facet injections. The injured worker has gone through the Asclepius program which gave him many "tools in his box" to help him manage pain including yoga techniques, slow breathing and relaxation. The injured worker does a home exercise program with stretching with surgical tape and is able to do some pelvic shifting and work with knees. The injured worker uses a TENS unit daily. The injured worker uses Ambien, Restoril, Flexeril, and Norco. The injured worker experiences aching pain in the lower back area on the left side, the front and back; stabbing pain in left buttocks and alternating stabbing and pins and needles sensation down the left leg to the mid calf. Visual analog scale (VAS) pain scores without medications is 7-8/10. With medications VAS is 3-4/10. In a typical 8 hour day able to stand and walk 8 hours with frequent bending and stooping, and lifting up to 100 pounds. The injured worker uses his hands for repetitive actions. The injured worker is independent for all of his personal care. The injured worker is trying to walk but still has problems with bending and twisting. With medications, able to walk more than a mile, stands for several minutes, sits for 45 minutes to an hour.

Bending and twisting limitations include no repetitive bending and twisting or carrying more than 15 pounds. He sleeps most of the night with light interruption. He is driving. Physical examination notes flexion 15 inches fingertips to floor. Lateral flexion and rotation without difficulty. There is pain in the lumbosacral area, the left sacral notch, and over the bilateral trochanters. Positive muscle spasm. Straight leg raising is positive on the left with pulling sensation. No pelvic obliquity. Left leg is one inch smaller in diameter than the right leg. Decreased external rotation bilaterally but less on the left. Can get right foot to left knee but not left foot to right knee. Reflexes are 2+ and symmetrical. Sensation is decreased in the left L5 distribution but otherwise normal in the major dermatomes of the upper extremities and lower extremities. Gait and station are mildly abnormal with mild Trendelenburg gait. Limping and using a cane. Fine motor skills are normal. Urine toxicology on 04/13 as expected. Diagnoses chronic low back pain associated with degenerative disc disease at L5-S1, facet arthropathy at L4-5 and L5-S1 with an L5-S1 radiculopathy on today's examination. Avascular necrosis bilateral hips with relationship to possible prednisone treatment to such an extent that it is not considered a viable option for treatment. Major depression. Chronic pain medication dependency. History of fall resulting in metacarpal fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #270 with 2 refills: Overturned

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 Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioids.

Decision rationale: The request for Norco 10mg #270 with 2 refills is medically necessary. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications and the patient is able to continue to work as a result. As such, medical necessity has been established.

Ambien #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Zolpidem (Ambien®).

Decision rationale: The request for Ambien #60 with 2 refills is not medically necessary. Current evidence based guidelines do not support the request for Ambien. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.