

Case Number:	CM14-0053008		
Date Assigned:	07/07/2014	Date of Injury:	01/09/2002
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
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 Physical Medicine and 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 records presented for review indicate that this 47 year-old male was reportedly injured on 1/9/2002. The mechanism of injury is listed as a low back injury while lifting. The claimant underwent a posterior lumbar interbody fusion at L4-L5 and L5-S1 on 3/28/2006, followed by removal of hardware on 6/6/2009. The most recent progress notes dated 2/11/2014 and 4/29/2014, indicate that there are ongoing complaints of neck pain, low back pain and lower extremity pain, numbness and tingling. Physical examination demonstrated tenderness at the para-cervical/lumbar and trapezius muscles; positive head compression sign; normal Spurling's maneuver; decreased cervical and lumbar range motion; normal motor strength; knee/ankle reflexes 2/2; and ambulates with a cane. No recent diagnostic imaging studies available for review. Previous treatment includes lumbar spine surgery, epidural steroid injections, acupuncture, lumbar bracing, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and medications to include: Tramadol, Ambien, Norco and transdermal creams. A request had been made for Hydrocodone/APAP 10/325 mg #60, Ambien 10 Mg, Tramadol 50 Mg #90 and a utilization review on 4/4/2014. A partial certification was given for Hydrocodone/APAP #40 & Tramadol #40; and Ambien was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325mg #60: 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): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with Acetaminophen. MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic back pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

Zolpiderm 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Zolpiderm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: MTUS/ACOEM does not address; therefore ODG used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list: Tramadol (Ultram, Ultram ER).

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): 82, 113.

Decision rationale: MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term treatment of moderate to severe pain after there is been evidence of failure of a first-line option and documentation of improvement in pain and function with the medication. Given the claimant's date of injury in 2002, clinical presentation and current diagnosis, the guidelines do not support the use of this medication. As such, this request is not considered medically necessary.

