

Case Number:	CM14-0053503		
Date Assigned:	07/07/2014	Date of Injury:	12/07/2009
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/22/2014

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 injured worker is a 56-year-old male who was reportedly injured on December 7, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 19, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Current medications include Suboxone, Metformin, Globetasol, Glipizide and Flucinonide. The physical examination demonstrated tenderness across the lower back and a positive straight leg raise test. There was normal sensation in the lower extremities and muscle strength of 4/5 at the right gluteal muscles. Diagnostic imaging studies of the lumbar spine have not been performed since the most recent surgery. Lower extremity nerve conduction studies were normal. Previous treatment includes a decompression and fusion at L5-S1 and a subsequent revision fusion at L4-L5 and L5-S1. Prior treatment has also included SI joint injections and chiropractic care. This was then followed by a hardware removal on February 5, 2013. A request was made for Ambien and Suboxone and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abmien for evening increases in pain and sleep disturbance (# not specified): 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, Zolpidem, Updated July 10, 2014.

Decision rationale: 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 and this request is for an unknown amount. As such, this request for Ambien is not medically necessary.

Suboxone 2mg 1 po QIC #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the ongoing management of opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Buprenorphine, Updated July 10, 2014.

Decision rationale: According to the medical record the injured employee is tapering the dosage of Suboxone. Previous prescriptions have been for 6 mg and the injured employee was stated to have no change or increase in their pain or complaints about functional improvement on this dosage. However, this request for 2mg four times a day is an increase from the prior dosage. Therefore this request for Suboxone 2 mg one tablet by mouth four times a day is not medically necessary.