

Case Number:	CM14-0057383		
Date Assigned:	07/09/2014	Date of Injury:	11/30/2005
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old male with an injury date of 11/30/05. Based on the 03/05/14 progress report provided by [REDACTED], the patient complains of pain in his neck, bilateral shoulders, and lower back. He has increased pain in his lower back, with numbness and tingling down the bilateral lower extremities. He has difficulty with his ADLs. His cervical spine has paraspinal tenderness to palpation and spasms noted in the bilateral trapezial areas. His lumbar spine has paraspinal tenderness to palpation in the lower lumbar region. Right shoulder has palpable deformity at the AC joint, which is tender to palpation. Range of motion is painful. Both the Neer and Hawkins test are positive for the right and left shoulders. The patient's diagnoses include the following: 1. Disc bulge, cervical spine; 2. Rotator cuff injury, right shoulder, with AC joint osteoarthritis; 3. Rotator cuff injury, left shoulder, with osteoarthritis; 4. Disc bulge, lumbar spine. [REDACTED] is requesting for the following: 1. MRI L/S without contrast; 2. Norco 10/325 mg #120; 3. Ambien 10 mg #30; 4. Valium 10 mg #30. The utilization review determination being challenged is dated 04/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/03/13- 04/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter; Lumbar MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the 03/05/14 report by [REDACTED], the patient presents with pain in his neck, bilateral shoulders, and lower back. He has increased pain in his lower back, with numbness and tingling down the bilateral lower extremities. The request is for an MRI L/S without contrast. There is no indication that the patient had a recent MRI of the lumbar spine. ACOEM guidelines states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines do not support MRI's unless there are neurologic signs/symptoms are present. The patient does not have any positive exam findings and does not present with any red flags, neurologic signs/symptoms to warrant an MRI. No surgery is anticipated either. The request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Opioids Sections Page(s): 60, 61, 88, 89.

Decision rationale: According to the 03/05/14 report by [REDACTED], the patient presents with pain in his neck, bilateral shoulders, and lower back. He has increased pain in his lower back, with numbness and tingling down the bilateral lower extremities. The request is for Norco 10/325 mg #120. The 02/06/01 report states "The patient requires the use of Norco for the relief of pain, as it improves his activities of daily living and reduces his pain to a functional tolerable level." For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) as well as documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. are required. Although the treater indicates benefit Norco, there are no use of pain scales to describe analgesia such as before/after, no specific discussion regarding ADL's to understand whether or not there has been a significant improvement, no discussion regarding adverse drug seeking behavior including UDS, pain contract, Cures reports, etc, and "outcome measures" as required by MTUS are not provided. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter; Non-Benzodiazepine sedative-hypnotics(Benzpiazepine-receptor agonists).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline have the following regarding Ambien for insomnia.

Decision rationale: According to the 03/05/14 report by [REDACTED], the patient presents with pain in his neck, bilateral shoulders, and lower back. He has increased pain in his lower back, with numbness and tingling down the bilateral lower extremities. The request is for Ambien 10 mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The patient has been taking Ambien since 10/03/13, which well over exceeds the ODG guidelines. The request is not medically necessary.

Valium 10mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: According to the 03/05/14 report by [REDACTED], the patient presents with pain in his neck, bilateral shoulders, and lower back. He has increased pain in his lower back, with numbness and tingling down the bilateral lower extremities. The request is for Valium 10 mg #30. The patient has been taking Valium since 12/05/13. The 02/06/14 report states that the patient "Utilizes Valium for severe spasm in the neck and lower back. It also improves his activities of daily living and reduces his pain." MTUS page 24 states that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the patient has been taking Valium since 12/05/13, which exceeds the 4 weeks recommended by MTUS guidelines. The request is not medically necessary.