MAXIMUS Federal Services

Case Number:	CM14-0059397		
Date Assigned:	07/09/2014	Date of Injury:	06/27/2008
Decision Date:	08/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 06/27/2008, due to an unknown mechanism of injury. The injured worker complained of pain to his left knee. On 04/10/2014, the physical examination revealed that there was no sign of sedation. The injured worker was alert and oriented. He had no lower extremity edema, and his gait was antalgic. There were no diagnostic studies provided for review. The documentation provided lacked a diagnosis and past treatment methods. The injured worker's medications included Norco 7.5 mg, Norflex, Prilosec, Ambien, and Terocin patches. The treatment plan, rationale, and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg 30 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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 (Ambien).

Decision rationale: The request for Ambien 5 mg, 30 tablets, is not medically necessary. The injured worker has a history of pain in the left knee. The ODG guidelines state that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker demonstrating significant sleep disturbances or the severity of the disturbances. There is no documentation provided to include the date that the injured worker began to take the proposed medication. Also, there is a lack of documentation provided of the medication's efficacy to support continuation. In addition, the request did not include the frequency for the proposed medication. The request was not medically supported. Given the above, the request for Ambien 5 mg, 30 tablets, is not medically necessary.

Norco 7.5/325 mg 30 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-78 Page(s): 74-78.

Decision rationale: The request for Norco 7.5/325 mg, 30 tablets, is not medically necessary.The injured worker had a history of pain to the left knee. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation of a proper pain assessment. There is a lack of documentation indicating the injured worker has had functional benefits with the medication. There is a lack of documentation of the presence or absence of side effects and aberrant behavior. In addition, the frequency for the proposed medication was not provided. Given the above, the request for Norco 7.5/325 mg, 30 tablets, is not medically necessary.

Norflex 100 mg 30 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63 Page(s): 63.

Decision rationale: The request for Norflex 100 mg, 30 tablets, is not medically necessary. The injured worker has a history of pain to the left knee. The California MTUS guidelines

recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute low back pain and for short treatment of acute exacerbations in patients with chronic low back pain. Long term and continuous use may not be appropriate as they show no benefit in terms of pain and overall improvement when compared to NSAIDs. Efficacy appears to diminish over time, and prolonged use of muscle relaxants may lead to dependence. The requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker demonstrating significant objective muscle spasms on physical examination, for which the proposed medication would be indicated Norflex is a short-term treatment option, and there is no documentation that would indicate when the injured worker began to take the proposed medication. There is a lack of documentation provided of the medication's efficacy to support continuation as evidenced by increased function. In addition, the frequency for the medication was not provided. Given the above, the request for Norflex 100 gm, 30 tablets, is not medically necessary.

Prilosec 20 mg 90 capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 69 Page(s): 69.

Decision rationale: The request for Prilosec 20 mg, 90 capsules, is not medically necessary. The injured worker had a history of pain to the left knee. The California MTUS guidelines state that patients with serious upper GI events may stop the NSAID, and switch to a different NSAID, or consider a PPI proton-pump inhibitor. There is no rationale provided for this request. There is a lack of documentation of GI events for the injured worker. In addition, the frequency was not provided for the proposed medication. The request was not medically supported. There is a lack of documentation demonstrating the efficacy of the medication. Given the above, the request for Prilosec 20 mg, 90 capsules, is not medically necessary.