

Case Number:	CM14-0069269		
Date Assigned:	07/14/2014	Date of Injury:	09/19/2007
Decision Date:	08/21/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 09/19/2007. The mechanism of injury was not specifically stated. Current diagnoses include status post left shoulder arthroscopic surgery on 11/12/2012, left ankle pain, and low back pain. The injured worker was evaluated on 04/15/2014 with complaints of lower back pain radiating into the left lower extremity. The injured worker reported 5/10 pain with the current medication regimen. Current medications include MS Contin 30 mg, Ultram ER 150 mg, naproxen 550 mg, Zanaflex 4 mg, clonazepam 0.5 mg, Colace 100 mg and Lunesta 3 mg. Physical examination was not provided on that date. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. There was also no frequency listed in the current request. As such, the request is non-certified.

Tramadol ER 150 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. There was also no frequency listed in the current request. As such, the request is non-certified.

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as nonsedating second-line options for the short-term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The injured worker has utilized this medication since 12/2013. The California MTUS Guidelines do not recommend the long-term use of muscle relaxants. There was also no frequency listed in the current request. As such, the request is non-certified.

Ambien 5 Mg #30: 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) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia or sleep disorder. There is no documentation of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product for insomnia. There was also no frequency listed in the current request. As such, the request is non-certified.

MS Contin 30 Mg #660: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. There was also no frequency listed in the current request. As such, the request is non-certified.