MAXIMUS Federal Services

Case Number:	CM14-0073671		
Date Assigned:	07/16/2014	Date of Injury:	10/28/2003
Decision Date:	08/22/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 52 year old male who sustained an injury on 10/28/2003. The mechanism of injury is unknown. Prior treatment history included TENS unit, acupuncture, chiropractic therapy and opioid pain medication is helpful. Pain management note dated 04/02/2014 indicates the patient presented with neck pain radiating down the right upper extremity and low back pain that radiates down to the bilateral lower extremities. The pain is aggravated by activity. He rated his pain as 6/10 with medications and 8/10 without medications. Objective findings on exam revealed spasm in the right paraspinus muscles. Spinal vertebral tenderness was noted in the cervical spine C4-7. There is tenderness noted in the right trapezius muscle and right paravertebral C4-6 area upon palpation. The range of motion of the cervical spine was moderately limited due to pain. Lumbar exam had tenderness in the paravertebral area L4-S1 levels. His pain was significantly increased with flexion and extension. There is no documented issues with sleep difficulty on this exam. The patient is diagnosed with cervical radiculopathy, lumbar radiculitis, left hip pain, left shoulder pain and chronic pain. The patient was recommended Ambien 10 mg, Tizanidine 4 mg, and Norco 10/325 mg.Prior utilization review dated 04/28/2014 states the requests for Ambien 10 mg #30 with one refill, Norco 10/325mg #120 with 1 refill, Tizanidine HCL 4mg #60 with one refill are not certified as they are not indicated as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with one refill: 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 (Chronic).

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.

Decision rationale: According to ODG guidelines, Ambien is not recommended for longer than 2-6 weeks of use. In this case the patient is taking Ambien on a chronic basis. Medical records do support an exception to guideline recommendations. Medical necessity is not established.

Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Long-term efficacy is uncertain such that long-term use requires documentation of functional benefit. In this case the patient is taking Norco on a chronic basis, but medical records fail to establish clinically significant functional improvement, pain reduction, or reduction in dependency on medical care. Medical necessity is not established.

Tizanidine HCL 4mg #60 with one refill: Upheld

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

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

Decision rationale: According to MTUS guidelines, muscle relaxants are not recommended for chronic use. In this case the patient is taking Tizanidine on a chronic basis without evidence of clinically significant functional improvement, pain reduction, or reduction in dependency on medical care. Medical necessity is not established.