

Case Number:	CM14-0077172		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2013
Decision Date:	09/17/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/27/2014

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 31-year-old male with a date of injury of 04/02/2013. The listed diagnosis per [REDACTED] is a backache. According to progress report 04/16/2014, the patient presents with back pain radiating from the low back down bilateral legs and muscle spasms. Patient notes Baclofen is more effective than Skelaxin. He reports drowsiness during the day, but it is tolerable. He has been noting some nausea and vomiting that attribute to the strength of Norco. He is requesting decrease in strength to 5-mg tablets with increased quantity. An examination finding of the lumbar spine revealed restrictive range of motion limited by pain on all planes. On palpation, paravertebral muscles, spasm, tenderness, and tight muscle band are noted on both sides. Patient's medication regimen includes Ambien 10 mg for insomnia, Norco 7.5/325 mg for pain, Baclofen 10 mg for spasm, Neurontin 600 mg and diazepam 5 mg. The physician is requesting to modify Norco from 7.5/325 mg #30 to Norco 5/325 mg #45 for breakthrough pain. He is also requesting a refill of Ambien 10 mg #15 for patient's insomnia. Utilization review denied the request on 05/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1Prescription of Norco 5/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with low back pain that radiates down to the bilateral leg with muscle spasms. The physician is requesting a refill of Norco and would like to decrease the dosing from 7.5/325 mg to 5/325 mg. Utilization review denied the request stating that most recent documentation continued to note symptoms of low back pain with radiculopathy despite medications. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Progress report 04/16/2014 indicates the patient is taking Norco with some nausea and vomiting side effects which he attributes to the strength of medication. The physician is requesting a trial at a lower dosage. Report 03/12/2014 indicates the patient's pain with medication is 4/10 and without medication 8/10. He is able to walk/stand longer. The patient is able to tolerate and perform stretching exercises with medication. Review of the medical file indicates the patient was first prescribed Norco by [REDACTED] on 04/02/2013. Review of progress reports from 12/30/2013 through 04/16/2014 indicates the patient has decrease in pain from average 8/10 to 4/10 and increase in function. In this case, the patient does receive pain relief and functional improvement from taking Norco. He has experienced some side effects of nausea and vomiting, and the treater is attempting to trial a lower dosage. Therefore the request is medically necessary.

1 Prescription of Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem.

Decision rationale: This patient presents with low back pain that radiates to the bilateral legs with spasm. The physician is requesting a refill of Ambien 10 mg #15 for patient's insomnia. On 03/12/2014, patient reported quality of sleep is poor, and the treater initiated Ambien 10 mg for patient's insomnia. The MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. ODG Guidelines does not recommend long-term use of this medication. This medication was started more than a month prior and it would appear that the treater intends on using it for longer than 30 days. Therefore the request is not medically necessary.

