MAXIMUS Federal Services

Case Number:	CM14-0078676		
Date Assigned:	07/18/2014	Date of Injury:	03/07/2005
Decision Date:	10/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 58 year old male who was injured on 03/07/2005. The mechanism of injury is unknown. Prior medication history included Ambien Cr, Norco, Exalgo, Cymbalta, Baclofen, Lisinopril, and Metformin Hcl (which has been taking since 12/12/2013). Toxicology report dated 12/22/2013 detected positive results for hydromorphone serum; carisoprodol screen.Progress report dated 05/06/2014 states the patient complained of back pain that is moderate to severe with associated symptoms of achiness, discomfort, piercing, sharp and shooting. He reported the pain radiates into the right calf, right foot and right thigh. He rated his pain as 9/10 without medications and with medications a 1/10. His quality of life is affected by the pain but he is able to do simple chores around the house and minimal activities outside of the home. Objective findings on exam revealed painful AROM of the lubmar spine. Hip motion produced no pain, crepitus or tenderness. Hip evaluation revealed extension to 0 degrees bilaterally. Strength of the right hip is decreased, right knee strength is decreased and right ankle and foot strength is decreased. Left lower extremity within normal limits. The patient is diagnosed radiculoapthy of the thoracic or lumbosacral spine, lumbosacral spondylosis without myelopathy; chronic pain due to trauma and hypotestosteronemia. The patient's treatment and plan included tapering of Soma; Ambien was decreased to 1 tab per night. Prior utilization review dated 06/21/2014 states the request for Norco 10/325mg #210 is not certified as well as Exalgo 32mg #30 due to noncompliance of medication guidelines; Baclofen 20mg #90 is not certified as this medication is not recommended for long term use; Ambien CR 6.25mg #30 is not certified as long term use is not recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: This is a request for Norco for a 58-year-old male injured on 3/7/05 with chronic low back pain. According to MTUS guidelines, efficacy of long-term opioid use for chronic low back pain is not clearly established. History and examination findings fail to demonstrate clinically significant objective functional improvement from long-term opioid use. Medical necessity is not been established.

Exalgo 32mg #30: Upheld

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

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

Decision rationale: This is a request for Exalgo for a 58-year-old male injured on 3/7/05 with chronic low back pain. According to MTUS guidelines, efficacy of long-term opioid use for chronic low back pain is not clearly established. History and examination findings fail to demonstrate clinically significant objective functional improvement from long-term opioid use. Medical necessity is not been established..

Baclofen 20mg #90: 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: This is a request for Baclofen for a 58-year-old male with chronic low back pain. According to MTUS guidelines, muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain. However, the patient is prescribed Baclofen on a long-term basis. History and examination findings do not demonstrate objective clinically significant functional improvement from use of Baclofen. Medical necessity is not been established.

Ambien CR 6.25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline-TWC

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

Decision rationale: CA MTUS is silent regarding the request. This is a request for Ambien for a 58-year-old male with chronic low back pain and insomnia. The patient is prescribed Ambien on a long-term basis. However, ODG guidelines only recommend short-term use of 2-6 weeks. History and examination findings do not support an exception to this recommendation. Medical necessity is not necessary.