

Case Number:	CM14-0078860		
Date Assigned:	07/18/2014	Date of Injury:	01/17/2014
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
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 51 year old male who was injured on 01/17/2014 when he had got pinned to the trailer wall while using a pallet jack moving gas tanks. Prior treatment history has included physical therapy which has not been beneficial. Prior medication history included Norco 10/325 mg, Tramadol 50 mg, and Fioricet 1 tablet as of 05/06/2014. Progress report dated 07/03/2014 states the patient presented with neck pain that is dull and achy and increases with activity. He complains of stiffness and spasm with headaches. He has sharp low back pain with weakness into his lower extremities and difficulty going from sitting to standing. His other reported issues are difficulty sleeping, headaches associated with neck pain; left thumb pain over the proximal joint with stiffness and pain with lifting and stress related to pain. On exam, the lumbar spine revealed positive Kemp's test and Milgram's test. Diagnoses are cervical spine myoligamentous injury, rule out herniated nucleus pulposus; lumbar spine myoligamentous injury, rule out herniated nucleus pulposus, and secondary sleep deprivation. The patient has been recommended for physical therapy to the cervical and lumbar spine and left thumb. Prior utilization review dated 05/12/2014 states the request for Norco 10/325 mg #60 is denied as there is a lack of documented functional improvement; Ambien 10 mg #30 is denied as not supported for chronic use; Fioricet unspecified strength, #60 is denied as long term use of this medication is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) at www.odg-twc.com, Pain Chapter.

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

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term use for chronic back pain is not established. In this case, a request is made for Norco for a 51-year-old male with chronic headache, neck pain, and low back pain on long-term opioid treatment. However, history and examination findings do not demonstrate objective clinically significant functional improvement, including reduction in dependency on medical care, due to opioid use. The request is not medically necessary and appropriate.

Ambien 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) at www.odg-twc.com (Updated 1/13/14 , a secondary guideline, Stress and Mental Illness Chapter, regarding Ambien.

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®) & Insomnia Treatment.

Decision rationale: CA MTUS guidelines do not discuss this medication. According to ODG guidelines, Zolpidem may be recommended for short-term treatment, 2 to 6 weeks, of insomnia. However, in this case Zolpidem is prescribed on a chronic basis. History and examination findings do not support an exception to this recommendation. The request is not medically necessary and appropriate.

Fioricet unspecified strength, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate-containing analgesic agents (BCAs).

Decision rationale: According to MTUS guidelines, barbiturate-containing analgesics are not recommended for chronic pain. History and examination findings do not support an exception to this recommendation. The request is not medically necessary and appropriate.

