

Case Number:	CM14-0084091		
Date Assigned:	07/21/2014	Date of Injury:	05/18/2007
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/05/2014

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 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:

This injured worker is a 43-year-old male who reported an injury on 05/18/2007. The diagnoses included, lumbar radiculopathy, failed back syndrome and lumbar fibromyalgia. The mechanism of injury was the injured worker was assisting a customer load his truck with a 35 pound bucket and he stumbled and fell backwards landing on his buttock and the bucket landed on his chest. The documentation indicated the injured worker was utilizing the medications since at least 12/2013. The injured worker was utilizing Ambien, opiates, Benzodiazepines and muscle relaxants as of 12/2013. The injured worker underwent therapy and medications. The documentation of 04/02/2014 revealed the injured worker had low back pain. The injured worker indicated that the medications provided him with relief and allowed him to function and continue activities of daily living. The injured worker indicated that the medication combination provides him with 40-50% pain relief. The treatment plan included a refill of the medications. Additionally, the physician documented that he was monitoring the 4 A's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 44, 67, 82-88. Decision based on Non-MTUS Citation Official Disability Guidelines Formulary.

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.

Decision rationale: The Official Disability Guidelines indicate that Ambien is appropriate for the short term treatment of insomnia. The treatment is not recommended for longer than 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10 mg, quantity 30 is not medically necessary.

Percocet 10/325mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of object functional improvement, and objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There is documentation that the injured worker was being monitored for side effects. The documentation indicated that the injured worker got relief with the medications of about 40% and that with the medications the injured worker could continue activities of daily living. However, there was lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Percocet 10/325 mg, quantity 120 is not medically necessary.

Soma 350mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and the use is recommended for the less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated

the injured worker had been utilizing the medication since at least 12/2013. There was lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg, quantity 60 is not medically necessary.

Xanax 0.25mg, qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24 Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the use of Benzodiazepines as a treatment for injured worker's with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 12/2013. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 0.25 mg, quantity 120 is not medically necessary.

Lidocaine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, page 112 Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the use of Lidocaine except in the form of a Lidoderm patch, this is the only FDA approved usage for Lidocaine . There is a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use could not be established through applied documentation. The request as submitted failed to indicate the frequency and the quantity as well as the strength of medication being requested. Given the above, the request for Lidocaine Cream is not medically necessary.