

Case Number:	CM14-0090383		
Date Assigned:	07/23/2014	Date of Injury:	09/17/2012
Decision Date:	10/01/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on September 17, 2012. The mechanism of injury is noted as lifting and other person. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. Pain was rated at 7/10 without medications and 3/10 with medication. The injured employee was stated to have been herself off of both Zoloft and Ambien. Medication use was stated to allow the injured employee to participate in activities of daily living. No aberrant behavior was noted. The physical examination was stated to be unchanged from prior. Diagnostic imaging studies of the lumbar spine showed a disc herniation at L3 - L4 and L4 - L5. Previous treatment includes lumbar spine medial branch blocks a request had been made for Zoloft, Ambien, and Norco and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg #30, Date of Service 5/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): Page 13 of 12.

Decision rationale: According to the progress note dated July 10, 2014, the injured employee was stated to have weaned herself off of Zoloft. Therefore this request for Zoloft is no longer medically necessary.

Ambien 4mg #30, Date of Service 5/6/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: According to the progress note dated July 10, 2014, the injured employee was stated to have weaned herself off of Ambien. Therefore this request for Ambien is no longer medically necessary.

Norco 10/325 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note dated July 10, 2014, indicates that the injured employee has a significant objective reduction in pain from the usage of Norco and states that it allows her to participate in activities of daily living. Additionally no aberrant behaviors were noted. Considering this, the request for Norco 10/325 is medically necessary.