

Case Number:	CM14-0092574		
Date Assigned:	07/25/2014	Date of Injury:	11/22/2011
Decision Date:	09/29/2014	UR Denial Date:	06/09/2014
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 and 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 injured worker is a 58-year-old gentleman who was reportedly injured on November 22, 2011. The mechanism of injury is listed as delivering a case of wine. The most recent progress note dated June 5, 2014, indicates that there are ongoing complaints of low back pain radiating down the right lower extremity. Current medications include Norco and Ambien as well as Ranitidine for gastric upset associated with medications. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness with trigger points along the lumbar paraspinal muscles. There was also facet joint tenderness and guarding. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine show severe degeneration at L3 - L4 and L4 - L5 with impingement of both the left L4 and right L5 nerve roots. Previous treatment includes lumbar spine epidural steroid injections and medial branch blocks. A request was made for Norco and Ambien and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Medical Treatment Utilization Schedule 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 injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. Additionally this medication was stated to have caused gastric upset for the injured employee. As such, this request for Norco is not medically necessary.

Ambien CR 12.5mg #30, 3 refills: 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) -Ambien.

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

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The official disability guidelines specifically do not recommend them for long-term use for chronic pain. A review of the attached medical record indicates that the employee has been taking Ambien for an extended period of time and this is another request for 30 tablets with three refills. Considering this, the request for Ambien is not medically necessary.