MAXIMUS Federal Services

Case Number:	CM14-0122548		
Date Assigned:	08/06/2014	Date of Injury:	05/04/2012
Decision Date:	01/14/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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:

The underlying date of injury in this case is 05/04/2012. The date of the prior utilization review under appeal is 07/25/2012. The mechanism of injury is that this patient is a firefighter who was injured when he was going down a steep hill during training and his left leg became stuck in mud and he hyperextended his knee and felt a pop followed by severe pain. The primary treating physician saw the patient in follow-up on 07/07/2014 and also submitted a request for authorization. At that time the treating physician noted that the patient had left lower extremity neuropathic pain complaints which were not improving with therapy and medication. The patient remained in substantial discomfort. The patient was hoping to proceed with spinal cord stimulation. On exam the patient was in obvious discomfort with his left leg guarded, antalgic, with left leg atrophy, hyperalgesia, and moderate weakness. The treating physician requested approval for a spinal cord stimulator trial and also continued Xarelto for DVT prophylaxis and also recommended continuing gabapentin up to 2400 mg daily and recommended renewing Norco and also renewing Ambien for sleep disorder. The patient's diagnoses included left lower extremity complex regional pain syndrome and lumbar discogenic pain as well as left knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 unspecified amount: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: This request is nonspecific as to the quantity requested, and for that reason this request cannot be supported as medically necessary. Moreover, the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, beginning on page 78, discuss in detail the four A's of opioid management; the medical records do not discuss such details of functional goals, functional improvement, and monitoring for aberrant behavior as recommended by these guidelines. Overall, these guidelines do not clearly support opioids for chronic use or for neuropathic pain, and the medical records in this case contain very limited information to support a benefit for this patient for neuropathic pain or spinal pain. For these multiple reasons, this request is not supported by the treatment guidelines. The request is not medically necessary.

Ambien 10mg unspecified amount: Upheld

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

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

Decision rationale: This request does not specify a specific quantity of medication, and for that reason in itself, this request is not medically necessary. Additionally, I note that the Medical Treatment Utilization Schedule does not specifically discuss Ambien. However, the Official Disability Guidelines/Treatment in Workers Compensation/Pain, do discuss insomnia treatment. Ambien is recommended for short-term use up to 10 days; the guidelines do not support this medication on a chronic basis, and the medical records in this case do not support an alternative rationale for its use or discussion of benefit from chronic use. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.