

<b>Case Number:</b>	CM14-0198292		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/02/1991
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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:

Patient had a date of injury on 9/2/1991. Patient was pulled out of a truck and hit the ground injuring his back. Diagnosis includes: lumbago, degeneration of the cervical and lumbar intervertebral discs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mcg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

**Decision rationale:** Based on guidelines it states first line treatment should be used prior to opioids. Opioids should only be used for moderate pain and the patient should have functional improvement. According to the medical records the patient shows no improvement with opioids and thus is not medically necessary.

**Ambien CR 12.5 #30:** 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), Zolpidem (Ambien)

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

**Decision rationale:** According to guidelines it states Ambien should only be used for 2 to 6 weeks. According to medical records it shows the patient has been on Ambien for a longer then recommended time frame and is not medically necessary.

**1 urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

**Decision rationale:** Urine Drug screens are used to assess the use or presence of illegal drugs or compliance with prescribed medications. According to the medical records there is no documentation that the patient is considered using illegal drugs or noncompliance and thus is not medically necessary.