

Case Number:	CM14-0207744		
Date Assigned:	12/19/2014	Date of Injury:	12/11/2009
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/11/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with a date of injury of 12/11/2009. According to progress report dated 11/20/2014, this patient presents with low back, left thigh pain, and numbness in the leg. The patient's pain level is "slowly stabilizing" and the current medication regimen is helping. The patient is trying to wean off of Norco, but she still has to take it once or twice a day to function. Ambien is helping with patient's sleep issues. Treatment history includes medications, modification of activities, physical therapy, pain management and epidural injections. Patient's current medication regimen includes Norco for pain, Ambien for sleep, Lyrica for neuropathic left thigh pain. It was noted that the patient has filled out standardized questions about function, pain, and depression, and an Oswestry Disability Index was noted "in the chart." The results of these questionnaires were not provided for review. Activities that make pain better was laying down, sitting and standing. Activities that make the pain worse was noted as standing, sitting, bending, walking, driving, and coughing. Physical examination of the lumbar spine revealed slight pain to palpation over the L4-L5 and palpable muscle spasms. Range of motion was decreased secondary to pain. 4/5 strength for the gastroc, soleus, and extensor hallucis longus on the left. Sensory was slightly diminished in the lateral aspect of the left lower extremity. X-ray of the lumbar spine from 10/17/2012 revealed presence of posterior pedicle screws at L3-L4 with stable grade 1 spondylolisthesis. There is severe disk collapse at the adjacent level at L4-L5. MRI of the lumbar spine dated 10/15/2012 demonstrated a significant adjacent disk protrusion with stenosis at L2-L3 and moderate stenosis at L4-L5. The listed diagnoses are: 1. Status post revision anterior and posterior fusion instrumentation (XLIF and posterior fusion) at L3-L4 and L5-S1 on 04/23/2013. 2. Left leg numbness. 3. Status post prior lumbar fusion attempted with instrumentation at outside institution at L3-L4 on

05/20/2010.4. Left thigh neuropathic pain. The patient is permanent and stationary. The treatment plan was for a refill of medication and followup in 3 months. The utilization review denied the request on 12/03/2014. Treatment reports 07/10/2014, 09/04/2014, and 11/20/2014 and AME report dated 08/20/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain; Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain, left thigh pain, and left leg numbness. The current request is for Norco 10/325 mg #240 units. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily livings (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file, indicates the patient has been utilizing this medication since at least 07/10/2014. The treating physician's progress reports continually note that there are Oswestry Disability Index questionnaires that are in the chart; however, the results of these questionnaires are not provided. Progress reports also continue to note that the patient's pain is made better with "lying down, sitting, and standing." There is no discussion regarding medication efficacy. In this case, recommendation for further use of Norco cannot be supported as the treating physician has not provided a before and after pain scale to denote a decrease in pain, and specific functional improvement including changes in ADLs are documented. There was no discussion of possible adverse side effects and aberrant behavior, such as urine drug screens or CURES reports are not provided. The MTUS criteria for long term use of opiates have not been met. Therefore, this request is not medically necessary.

Ambien 10mg #30 units 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, Ambien (Zolpidem)

Decision rationale: This patient presents with chronic low back pain, left thigh pain and leg numbness. The current request is for Ambien 10 mg #30 units 3 refills. The MTUS and

ACOEM Guidelines do not address Ambien (Zolpidem). Official Disability Guidelines (ODG) under the Mental Illness and Stress chapter regarding Ambien (Zolpidem) stated, "Zolpidem (Ambien generic available, Ambien CR) is indicated for short term treatment of insomnia with difficulty of sleep onset 7-10 days." Review of the medical file indicates the patient has been utilizing Ambien for sleep issues since at least 07/10/2014. The patient has been prescribed Ambien for chronic insomnia and ODG only supports short term usage. Therefore, this request is not medically necessary.