

Case Number:	CM14-0208832		
Date Assigned:	12/23/2014	Date of Injury:	10/11/1995
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 10/11/1995. The date of the utilization review under appeal is 12/04/2014. Diagnoses include lumbar post-laminectomy syndrome, lumbosacral radiculitis, and fibromyalgia. A treating physician PR-2 report of 11/20/2014 by the treating provider states that the patient was seen in follow-up of a lumbar fusion. The patient was seen in followup of a lumbar fusion. The patient was having some stress because of some family medical illnesses. The patient had normal range of motion on musculoskeletal exam and no focal neurological deficits. The patient had normal gait with no foot drop. She did have tenderness to palpation of the low back. Plain films of the lumbar spine demonstrated fusion at L3 through S1 with cage at L5-S1 and screws at L3, L4, and L5; there was no motion with flexion or extension. On 11/24/2014, a request was made for Norco and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #120 (DOS: 11/24/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids for chronic pain, page 80, does not recommend opioids for chronic back pain, particularly beyond 16 weeks' duration. The medical records contain very limited detail regarding the efficacy or functional goals or functional benefit of opioid treatment. Overall, the records and guidelines do not support the request for Norco. This request is not medically necessary.

Retrospective Ambien CR 12.5mg #30 (DOS: 11/24/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation/Pain discusses insomnia management. This guideline recommends Ambien only for short-term use, up to 7-10 days. This request for ongoing Ambien use is not supported by the medical records or treatment guidelines. This request is not medically necessary.