

<b>Case Number:</b>	CM15-0006442		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona

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 injured worker is a 60-year-old female who reported an injury on 04/10/2012. Her diagnoses include facet syndrome to the right lumbar, status post left L4-5 laminectomy and discectomy, depression, status post right L4-5 and L5-S1 neurotomy, and disc degeneration with disc space narrowing at the L3 to L5. Her past treatments included medications, physical therapy, chiropractic, surgery, and injections. On 01/12/2015, the injured worker complained of continued back pain with residual symptoms which were unchanged since the last evaluation. The physical examination of the lumbar spine revealed a well healed incision, decreased pain to palpation over the facet joints, and limited range of motion secondary to pain. Her relevant medications were noted to include Norco. A treatment plan included Norco 5/325 mg #180, Ambien 10 mg #30 x 3 refills, and a psychology consult. The rationale was not provided. A Request for Authorization form was submitted on 01/12/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #180:** 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 Ongoing management Page(s): 78.

**Decision rationale:** The request for Norco 5/325 mg #180 is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens should have ongoing review and documentation of their pain relief, side effects, physical and psychosocial functioning, the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain, or evidence of monitoring for side effects or aberrant drug related behaviors to include a urine drug screen. In the absence of the above, the request is not supported by the evidence based guidelines. As such, this request is not medically necessary.

**Ambien 10mg #30 x 3 refills:** 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, Zolpidem (Ambien); ½).

**Decision rationale:** The request for Ambien 10 mg #30 x 3 refills is not medically necessary. According to the Official Disability Guidelines, Ambien is recommended for short term (7 to 10 days) treatment for insomnia. The injured worker was indicated to have been on Ambien for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had insomnia or a medical necessity for the use of Ambien for the treatment of insomnia. In addition, the guidelines indicate a short term treatment of 7 to 10 days. Based on the above, the request is not supported by the evidence based guidelines. As such, this request is not medically necessary.

**Psychology consult:** 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 Psychological evaluations Page(s): 100-101.

**Decision rationale:** The request for a psychology consult is not medically necessary. According to the California MTUS Guidelines, psychological evaluations are used to distinguish between conditions that are pre-existing or are aggravated by the current injury or related work injury. In addition, psychological evaluations are used to determine if further psychosocial interventions are indicated. The injured worker was indicated to have chronic low back pain and to have undergone multiple surgeries. However, there was lack of documentation to indicate medical

necessity for a psychological evaluation to distinguish between the current condition and the aggravation of any pre-existing conditions that were work related. Furthermore, there was lack of a psychological questionnaire upon examination to indicate a clear rationale to warrant a psychological evaluation. In the absence of the above, the request is not supported by the evidence based guidelines. As such, this request is not medically necessary.