

Case Number:	CM15-0103342		
Date Assigned:	06/05/2015	Date of Injury:	09/05/2003
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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
 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 72 year old female, who sustained an industrial injury on 9/5/03. The injured worker has complaints of low back pain and increased radicular neuropathic pain down her left lower extremity all the way down to her foot with numbness and tingling. The documentation noted that the injured worker has increased tenderness of lumbar paraspinal muscles, more so on the left side, with left positive leg lift. The diagnoses have included lumbago. Treatment to date has included norco; lidoderm patch; ambien; relafen; prilosec; flexeril and biofreeze gel and injections. The documentation noted left L2 radiculopathy, herniated disk posterolateral to the left side and into the foramen at l2-L3 and updated magnetic resonance imaging (MRI) showed 4 millimeter in size per January 2008, where previous magnetic resonance imaging (MRI) showed 2 to 3 millimeter disk protrusion. The request was for retrospective review date of service 4/15/15, norco (acetaminophen/hydrocodone) 325mg quantity 180, three months supply; retrospective review date of service 4/15/15, ambien (zolpidem) 5mg quantity 90, three months supply and retrospective review date of service 4/15/15, flexeril (cyclobenzaprine) 10mg quantity 120, three months supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review DOS 4/15/15: Norco (acetaminophen/hydrocodone) 325 mg Qty 180, 3 mo supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of September 2003. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Retrospective review DOS 4/15/15: Norco (acetaminophen/hydrocodone) 325 mg Qty 180, 3-mo supply is not medically necessary and appropriate.

Retrospective review DOS 4/15/15: Ambien (zolpidem) 5 mg Qty 90, 3 mo supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Retrospective review DOS 4/15/15: Ambien (zolpidem) 5 mg Qty 90, 3-mo supply is not medically necessary and appropriate.

Retrospective review DOS 4/15/15: Flexeril (cyclobenzaprine) 10 mg Qty 120, 3 mo supply:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Submitted reports have not adequately demonstrated the indication or medical need for this continued muscle relaxant medication treatment and there is no report of significant change in clinical findings, acute flare-up or new injury to support for its long-term use of this chronic injury. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Retrospective review DOS 4/15/15: Flexeril (cyclobenzaprine) 10 mg Qty 120, 3-mo supply is not medically necessary and appropriate.