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| Case Number: | CM15-0106348 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 01/20/2001 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 20, 2001. In a Utilization Review report dated May 21, 2015, the claims administrator approved requests for Prozac, Prilosec, and naproxen while failing to approve Norco, Ambien, and lumbar MRI imaging. The claims administrator referenced a RFA form received on May 18, 2015 and associated progress note of May 14, 2015 in its determination. On February 12, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and hip pain, 7/10. Norco, Ambien, Flexeril, Prozac, naproxen, and Prilosec were renewed, without any seeming discussion of medication efficacy. On March 12, 2015, the applicant was again placed off of work. The applicant had been deemed "disabled," the treating provider reported. The applicant was unchanged, the treating provider further noted. Norco, Ambien, Flexeril, Prozac, naproxen, and Prilosec were, once again, renewed, without any seeming discussion of medication efficacy. On April 9, 2015, the applicant was again placed off of work. The applicant had been deemed "disabled," the treating provider reported. The applicant was having issues with insomnia. 8/10 pain complaints were reported. Ambien, Prozac, Norco, and Flexeril were all seemingly renewed while the applicant was kept off of work. In a May 14, 2015 progress note, the applicant was again placed off of work. The applicant was again described as "disabled." Ongoing complaints of low back pain radiating into right leg were reported. Repeat lumbar MRI imaging was sought. The attending provider stated that the applicant had undergone earlier failed lumbar spine surgery and that he was intent on performing repeat MRI imaging to assess the degeneration of the L4-L5 space and to assess the state of the SI joint. The requesting provider was a general practitioner, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work. The applicant had been deemed disabled, the treating provider reported. The applicant was seemingly receiving both Workers' Compensation indemnity benefits and disability insurance benefits, the treating provider suggested. Pain complaints as high as 8/10 was reported, despite ongoing Norco usage. The attending provider failed to outline meaningful or material improvements in function (if any) because of ongoing Norco usage. Therefore, the request was not medically necessary.

Zolpidem 10mg #45: 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U. S. Food and Drug Administration INDICATIONS AND USAGE. Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for zolpidem (Ambien), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment for insomnia, for up to 35 days. Here, however, the request was framed as a renewal request for Ambien and, in effect, represented treatment in excess of the FDA label. The attending provider, however, failed to furnish a compelling rationale or medical evidence to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304; 308.

Decision rationale: Finally, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is recommended as a test of choice for applicants who have undergone prior back surgery, as reportedly transpired here, this request is qualified by commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention that the applicant is actively considering or contemplating any further surgical intervention involving the lumbar spine or around the date of the request, May 14, 2014. Rather, it appeared that the attending provider was intent on performing MRI imaging for academic or evaluation purpose, to assess the structural integrity of the SI joints and intervertebral disk. The requesting provider, furthermore, was a general practitioner (as opposed to a spine surgeon), significantly reducing the likelihood of the applicant's acting on the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.