

Case Number:	CM15-0107162		
Date Assigned:	06/11/2015	Date of Injury:	04/11/2013
Decision Date:	07/13/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old male, who sustained an industrial injury on 4/11/2013. Diagnoses include lumbar degenerative disc disease, cervical degenerative disc disease, left shoulder pain and insomnia. Treatment to date has included diagnostics, physical therapy, home exercise and medications, which have included Soma, Norco, Trazodone and Floricet. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/25/2014 was read by the evaluating provider as showing L3-4, L4-5 and L5-S1 facet arthropathy. Per the Primary Treating Physician's Progress Report dated 5/26/2015, the injured worker reported achy, dull lumbar back pain rated as 5-6/10 and achy, dull neck pain rated as 4-5/10. He also reported headaches and poor sleep due to pain. Physical examination revealed positive facet loading bilaterally, worse on the left. The plan of care included injections and medications and authorization was requested for a facet joint injection at left L4, L5 and S1, Norco 10/325mg, Baclofen 10mg and Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in April 2013 and continues to be treated for neck and low back pain. He has difficulty sleeping due to pain. When seen, pain was rated at 5-6/10. Left sided facet loading was positive. Reflexes were decreased. Norco (hydrocodone/ acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The claimant sustained a work-related injury in April 2013 and continues to be treated for neck and low back pain. He has difficulty sleeping due to pain. When seen, pain was rated at 5-6/10. Left sided facet loading was positive. Reflexes were decreased. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. Baclofen was therefore not medically necessary.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in April 2013 and continues to be treated for neck and low back pain. He has difficulty sleeping due to pain. When seen, pain was rated at 5-6/10. Left sided facet loading was positive. Reflexes were decreased. Ambien

(zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant appears to have difficulty sleeping due to pain, which could be treated directly. Ambien has been prescribed on a long-term basis and appears ineffective. Therefore, the request for Ambien was not medically necessary.