

Case Number:	CM15-0148405		
Date Assigned:	08/11/2015	Date of Injury:	05/27/2000
Decision Date:	09/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 5-27-00. She had complaints of low back pain. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 6-17-15 reports continued complaints of low back pain with radiation into the right leg. The pain is rated 9 out of 10. Medications help to reduce the pain. Diagnoses include: lumbar fusion status post hardware removal and lumbar radiculopathy. Work status: per primary treating physician. Plan of care includes: refill percoet, wean off gabapentin, trial gralise 300 mg 1 daily with evening meal may increase to 600 mg daily as tolerated, continue Valium, soma and ambien, refill prevacid, administered injection of torodol today due to flare up and follow up with orthopedic surgeon. Follow up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, muscle relaxants Page(s): 24, 66.

Decision rationale: Valium is not medically necessary by MTUS guidelines. The patient had been taking it for an extended time and according to guidelines, it is not recommended for long-term use as long-term efficacy is unproven and there is a high risk of dependency. Tolerance to muscle relaxant effects occurs within weeks. There is no benefit to taking benzodiazepines over other muscle relaxants for treatment of spasms. The patient is currently on Soma. Therefore, the request is not considered medically necessary.

Norco 10/325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no documented goals of care. The patient was switched to Percocet, therefore, Norco is no longer needed. Because of these reasons, the request for Norco is considered medically unnecessary.

Ambien 5mg #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, Mental Illness and Stress: Zolpidem (Ambien) (2015).

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

Decision rationale: The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The risk of long-term use of Ambien currently outweighs benefit and is considered medically unnecessary.

Toradol 60mg: 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): Ketorolac (Toradol) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

Decision rationale: The request is considered not medically necessary. The patient had received a Toradol injection previously without objective improvement in pain and function. According to MTUS guidelines, it is not indicated for chronic painful conditions. The patient has chronic lumbar pain s/p fusion. Toradol was given for immediate pain control, however, it is not indicated for the patient's pain. Therefore, the request is considered not medically necessary.