

Case Number:	CM15-0161295		
Date Assigned:	08/28/2015	Date of Injury:	06/14/2013
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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: Emergency 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 injured worker is a 31 year old male, who sustained an industrial injury on June 14, 2013. He reported a low back injury. The injured worker was diagnosed as having chronic lumbar back pain with CT evidence of L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) disc bulging with mild foraminal stenosis on the CT from July 11, 2013, chronic right greater than left leg radicular symptoms, chronic right lower extremity radicular findings with a positive straight leg raise test at 30 degrees, and sleep disturbance secondary to pain. Diagnostic studies to date have included: On July 9, 2013, x-rays of the lumbar spine were normal. On July 9, 2013, a urine drug screen was positive for amphetamine, marijuana, phencyclidine, cocaine, and opiates. On July 11, 2013, a urine drug screen was positive for hydrocodone, norhydrocodone, hydromorphone, temazepam, oxazepam, and marijuana. On July 11, 2013, a CT scan of the lumbar spine revealed mild degenerative changes with minimal disc bulging at L4 and L5. Treatment to date has included temporary total disability, work modifications, a non-steroidal anti-inflammatory injection, and medications including opioid analgesic, steroids, antidepressant, muscle relaxant, sleep, and medical marijuana. There were no noted previous injuries or dates of injury, and no noted comorbidities. On July 7, 2015, the injured worker reported continued lower back pain. His medications allow him to continue working. The physical exam revealed anteflexion of the trunk on the pelvis allowed 50 degrees of flexion, 10 degrees of extension, 20 degrees of left and right rotation, and 10 degrees of left and right lateral flexion. There was paralumbar tenderness from L2 (lumbar 2) to L5-S1 with slight spasm. The treating physician noted the injured worker obtains pain relief and improved physical and psychosocial functioning from Norco without

significant side effects from the medication. The treating physician noted no aberrant drug taking behavior, doctor shopping, uncontrolled drug escalation, or drug diversion. A signed pain management agreement was on file. His work status is light duty with no lifting over 30 pounds. The treatment plan includes continuing the injured worker's Norco and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of norco 5/325mg with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets criteria. There is appropriate documentation of pain and functional status. There is noted assessment of adverse events and aberrant behavior. While there is no noted urine drug screen provided for review, progress notes states that review of CURES shows no signs of abuse. Provider has not documented any long term plan for continued opioid therapy. Provider should consider plan for weaning but current documentation and plan is appropriate. Norco is medically necessary.

30 Tablets of Ambien 10mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription with multiple refills is excessive and not consistent with short term use or attempts to wean patient off medication. The chronic use of Ambien is not medically appropriate and is not medically necessary.