MAXIMUS Federal Services

Case Number:	CM15-0162589		
Date Assigned:	08/28/2015	Date of Injury:	07/17/2012
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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, North Carolina
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 (IW) is a 43 year old male who sustained an industrial injury on 07/17/2012. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Lumbago; Disorders of bursae and tendon in shoulder region, unspecified. Treatment to date has included medications, surgery to the right shoulder x4 (remains painful), Chiropractic care, acupuncture x1 (declined further-not helpful), Lumbar MRI, L4-L5 transforaminal epidural steroid injection (negligible improvement). Currently, the injured worker complains of an increase of pain in his low back and right hip (flare-up). Also has intermittent insomnia. The pain is described as dull and aching in the shoulder and lower back, pressure-like and cramping in the lower back and shooting in the shoulder. Medications reduce the pain to a 3 on a scale of 0-10 and lasts for 4-6 hours. Pain is aggravated by prolonged standing, sitting and walking. Examination of the cervical spine reveals full range of motion in all planes and normal alignment. There is no spinous process tenderness. Examination of the right shoulder reveals diminished range of motion in all planes. There is tenderness to palpation over the anterior aspect of the right shoulder. Lumbar spine range of motion is forward flexion of 70 degrees, extension of 20 degrees and side bending right and left 20 degrees each. Rotation is limited. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. The plan of care includes requesting an ortho-surgeon evaluation regarding the MRI findings on the right hip, refer to chiropractic for worsening low back pain, and continue medications. A request for authorization was submitted for: 1. Norco 10/325mg, PO Q6-H8 PRN #100; 2. Ambien

10mg, PO QHS PRN Insomnia #10; 3. Naproxen 500mg, PO Twice Daily #60; 4. Gabapentin 600mg, 3x daily #90

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, PO Q6-H8 PRN #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS Guidelines support the use of opioids if the prescriptions are from a single practitioner, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, there is documentation of pain relief, but no evidence of significant functional improvement or return to work. There is no pain contract and the urine drug screen submitted states it is simply positive for opioids with no other specific findings. The ongoing use of chronic opioids is not supported by MTUS Guidelines if the above criteria are not met. Therefore, the request for Norco is not medically necessary or appropriate.

Ambien 10mg, PO QHS PRN Insomnia #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (insomnia).

Decision rationale: CA MTUS/ACOEM does not specifically address Ambien. ODG states that Ambien is a short-acting benzodiazepine hypnotic that should be used for no longer than 2-6 weeks. Long-term use can lead to dependency, decreased memory and impaired functioning. In this case, the date of injury was in 2012, so the use of Ambien does not appear to fall under the short-term use guidelines. Furthermore, there is no documentation of previous improvement in function with the use of Ambien. No documentation of medical necessity has been submitted to justify the prescription of Ambien. The request is not medically necessary.