

Case Number:	CM15-0164276		
Date Assigned:	09/01/2015	Date of Injury:	05/04/1992
Decision Date:	10/15/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, Michigan

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 injured worker is a 57 year old male, who sustained an industrial injury on May 4, 1992. He reported chronic low back pain, right knee pain and left leg pain. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy and right knee meniscal tear. Treatment to date has included diagnostic studies, conservative care, medications and activity restrictions. Currently, the injured worker continues to report chronic low back pain radiating down the left leg with associated tingling and numbness and right knee pain. The injured worker reported an industrial injury in 1992, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 7, 2015, revealed continued pain as noted. Straight leg test, Faber's and Patrick's tests were positive. Medications including Nalfon, Ultram and Ambien were continued. Evaluation on August 1, 2015, revealed continued pain as noted. There were no visual analog scales (VAS) included to compare the intensity of pain from one visit to the next. It was noted he suffered from insomnia secondary to pain however there was no indication of a sleep hygiene assessment or number of hours of sleep nightly. Nalfon 400mg #90, Ultram 150mg #90 and Ambien 10mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #90: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California (CA) MTUS Guidelines, Nalfon is a non-steroidal anti-inflammatory (NSAID) used as an option for short-term symptomatic relief. The CA MTUS recommends the use NSAIDS at the lowest dose possible for the shortest period of time to achieve effectiveness for the individual. In this case, the injured worker had been prescribed the NSAID for months with no indication of improved pain or increased function. In addition, the injured worker continued to require work restrictions. Furthermore the amount of the NSAID prescribed indicated the intention of long-term use. For these reasons, the request for Nalfon 400mg #90 is not medically necessary.

Ultram 150mg #90: Upheld

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.

Decision rationale: According to the California (CA) MTUS Guidelines Ultram is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Ultram. For these reasons, the request for Ultram 150mg #90 is 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.

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

Decision rationale: California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem (Ambien) is a prescription short acting, non-benzodiazepine hypnotic, which is recommended for short-term use (7-10 days), for the treatment of insomnia. Sleep aides and anti-anxiety medications are habit forming and intended for short term use. It was noted the injured worker had poor sleep. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. For these reasons, Ambien 10mg #30 is not medically necessary.