

Case Number:	CM15-0166809		
Date Assigned:	09/04/2015	Date of Injury:	11/16/2000
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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 York, West Virginia, Pennsylvania
 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 58 year old male, who sustained an industrial injury on 11-16-2000. On provider visit dated 07-20-2015 the injured worker has reported increased pain and discomfort, decreased activities of daily living and an increase of pain at night was noted, the injured worker was unable to sleep. On examination straight leg raise and tenderness to palpation at L4-L5 and L5-S1, increases paraspinal spasms and positive tightness was noted. The diagnoses have included lumbar herniated nucleus pulposus and bilateral knee degenerative joint disease. Treatment to date has included medication. The provider requested Norco 7.5-325mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #40: 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.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco long term without evidence of significant benefit in pain or function to support long term use. The request for Norco 7.5/325 mg #40 is not medically appropriate and 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, Pain (Chronic), Insomnia Treatment.

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

Decision rationale: Guidelines recommend Ambien for short term treatment of insomnia. According to the records the claimant was taking Ambien long term without effectiveness. The request for Ambien 10 mg #30 is not medically necessary and appropriate.