

Case Number:	CM15-0169958		
Date Assigned:	09/10/2015	Date of Injury:	03/02/2010
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 50 year old female sustained an industrial injury on 3-02-10. Diagnoses include lumbar radiculopathy and post lumbar laminectomy syndrome. Treatments to date include MRI testing, spine surgery, TENS treatment, physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. The pain has affected the injured worker's quality of sleep. The injured worker has remained off work. Upon examination, lumbar range of motion is restricted. There is tenderness in the lumbar paravertebral muscles with tight muscle bands noted on both sides. Lumbar facet loading is positive bilaterally. Straight leg raising test was positive on the left. Sensory examination reveals that light touch sensation is decreased over lateral foot, medial foot, medial calf, lateral calf, lateral calf, posterior thigh, lateral thigh, first, second, and third toe on the left side. Pain reported ranges 6 to 8 on a scale of 10. A request for Thermacare heat-wrap QTY: 20.00, Norco 10/325mg QTY: 90.00 and Ambien 6.25mg QTY: 20 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare heat-wrap QTY: 20.00: 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) Low back section, Heat therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, Thermacare heat wraps #20 are not medically necessary. Cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, application of heat packs or cold pack. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Evidence for application of cold treatment to low back pain is more limited than the therapy. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal activities. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and post lumbar laminectomy syndrome. Date of injury is March 2, 2010. Request for authorization is August 12, 2015. The earliest progress note in the medical record is dated February 12, 2015. The injured worker's subjective complaint is low back pain 7.5/10. Medications include Ambien, Lunesta, Thermacare heat wraps and Norco. Injured workers sleep quality is good. There was an inconsistent urine drug screen performed April 20, 2015 with diazepam present. The most recent progress note dated August 6, 2015 shows the injured worker's ongoing symptoms include low back pain 6/10. Sleep quality is fair. Pain has been increasing. Current medications include Norco, Ambien, Flexeril, ibuprofen and Thermacare. There is no documentation demonstrating objective functional improvement with ongoing Thermacare. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Thermacare, Thermacare heat wraps #20 are not medically necessary.

Norco 10/325mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and post lumbar

laminectomy syndrome. Date of injury is March 2, 2010. Request for authorization is August 12, 2015. The earliest progress note in the medical record is dated February 12, 2015. The injured worker's subjective complaint is low back pain 7.5/10. Medications include Ambien, Lunesta, Thermacare heat wraps and Norco. Injured workers sleep quality is good. There was an inconsistent urine drug screen performed April 20, 2015 with diazepam present. The most recent progress note dated August 6, 2015 shows the injured worker's ongoing symptoms include low back pain 6/10. Sleep quality is fair. Pain has been increasing. Current medications include Norco, Ambien, Flexeril, ibuprofen and Thermacare. There is no documentation demonstrating objective functional improvement with ongoing Norco. There are no detailed pain assessments. There are no risk assessments in the medical record. There is been no attempted weaning of Norco. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, Norco 10/325mg # 90 is not medically necessary.

Ambien 6.25mg QTY: 20: 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 section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 6.25mg #20 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are lumbar radiculopathy; and post lumbar laminectomy syndrome. Date of injury is March 2, 2010. Request for authorization is August 12, 2015. The earliest progress note in the medical record is dated February 12, 2015. The injured worker's subjective complaint is low back pain 7.5/10. Medications include Ambien, Lunesta, Thermacare heat wraps and Norco. Injured workers sleep quality is good. There was an inconsistent urine drug screen performed April 20, 2015 with diazepam present. The most recent progress note dated August 6, 2015 shows the injured worker's ongoing symptoms include low back pain 6/10. Sleep quality is fair. Pain has been increasing. Current medications include Norco, Ambien, Flexeril, ibuprofen and Thermacare. Ambien is indicated for short-term use (7 - 10 days). Initially, the injured worker was using both Ambien and Lunesta. There was no clinical indication in the medical record for the use of two insomnia medications. Ambien was prescribed in excess of seven months. The guidelines recommend 7 to 10 days. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and

treatment continued in excess of seven months with guideline recommendations 7-10 days, Ambien 6.25mg #20 is not medically necessary.