

Case Number:	CM15-0181325		
Date Assigned:	09/22/2015	Date of Injury:	04/08/2012
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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: North Carolina, Georgia
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 is a 48 year old male who sustained an industrial injury 04-08-12. A review of the medical records reveals the injured worker is undergoing treatment for lumbar radiculopathy. Medical records (04-27-15) reveal the injured worker complains of episodic back pain with pain into the right leg, which is not rated. The physical exam (04-27-15) reveals no tenderness to palpation and decreased sensation to the right L5 and S1 dermatomes to light touch. Prior treatment includes medications, physical therapy, back support, cold-heat therapy, TENS, chiropractic care, home exercise program, and a lumbosacral epidural steroid injection. The treating provider reports (04-27-15) a sacralized L5, and a slight right-sided disk bulge at L4-5, believed to affect the transiting L5 nerve root. The original utilization review (08-31-15) non certified the request for Zolpidem 5 mg #30, Baclofen (unspecified strength) #90, and Zorolex 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg qty: number thirty (#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 (ODG), Chronic Pain.

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

Decision rationale: The CA MTUS is silent on the use of zolpidem. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. Zolpidem is not FDA approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or response to treatment with zolpidem and it has been used for more than 35 days. Therefore, there is no documentation of the medical necessity of treatment with zolpidem and the UR denial is upheld. Therefore, the request is not medically necessary.

Baclofen number ninety (#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): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of baclofen. This is not medically necessary and the original UR decision is upheld. Therefore, the request is not medically necessary.

Zorvolex 10mg qty: number ninety (#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: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Zorvolex 35 mg (the dose noted in the records, there is no 10 mg dose) #90 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Zovolex. Zorvolex 35 mg #90 is not medically necessary.