

Case Number:	CM15-0206480		
Date Assigned:	10/23/2015	Date of Injury:	05/09/2002
Decision Date:	12/10/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/21/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 74 year old male, who sustained an industrial injury on 05-09-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic sever low back pain, lumbar radiculopathy, lumbar spinal stenosis, lumbar degenerative disc disease, multilevel facet disease, scoliosis with subluxation, and myofascial pain syndrome. Medical records (05-02-2015 to 10-07-2015) indicate ongoing chronic low back pain and bilateral leg pain. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS). Other complaints have included insomnia. Records also indicate a recent increase in pain, but no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW is not working and is permanent and stationary. The physical exam, dated 10-07- 2015, revealed an antalgic gait, and lumbar paraspinal muscle spasms. Relevant treatments have included: physical therapy (PT), radio-frequency ablation, work restrictions, and medications (Ambien since at least 07-2015, and Sprix since 08-2015). The PR and request for authorization (10-07-2015) shows that the following medications were requested: Ambien 10mg #30 (refills unspecified), and Sprix if b/t pain is severe (quantity and refills unspecified). The original utilization review (10-19-2015) non-certified the request for Sprix if b/t pain is severe (quantity and refills unspecified), and partially approved Ambien 10mg #30 (modified to #15 with no refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 refills unspecified: 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); Pain Chapter, Zolpidem (Ambien), 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) Pain chapter, section Zolpidem.

Decision rationale: Official disability guidelines recommends the use of Ambien for a short course of treatment for pain related insomnia. The time course for treatment in the guidelines as listed as 4-6 weeks. In the case of the injured worker, there is documentation in the medical record at least six months of treatment with Ambien. There is no documentation of its effectiveness were a potential plan to wean off this medication. Therefore, according to the guidelines, and review the evidence, treatment with Ambien- 10 mg, mg #30 is not medically necessary.

Sprix, frequency: if b/t pain severe quantity unspecified refills unspecified: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Sprix (Ketorolac Tromethamine) nasal spray is a nonsteroidal anti-inflammatory medication. It has a black box warning against gastrointestinal bleeding, cardiovascular, and renal potential risks. It is indicated for short-term (up to 5 days in adults) management of mild to moderately severe pain that requires analgesia at the opioid level. It is not indicated for minor or for chronic painful conditions. In the case of the injured worker as detailed above there is evidence that the patient is currently suffering from a chronic medical condition with chronic pain. Therefore, according to the guidelines, and a review of the evidence, the use of Sprix- frequency: if b/t pain severe quantity unspecified refills unspecified is not medically necessary.