MAXIMUS Federal Services

Case Number:	CM15-0208470		
Date Assigned:	10/28/2015	Date of Injury:	12/13/2006
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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 Jersey
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 62 year old female, who sustained an industrial-work injury on 12-13-06. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral herniated nucleus pulposus and lumbosacral sciatica. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit (2 years), and diagnostics. X-rays were reported on 8-21-15 that noted degenerative joint disease and disc disease. Currently, the injured worker complains of back-sciatica pain with rating of 7 out of 10. She is working. Medications include Cipro, Edluar, Metronidazole, Nascobal, Norco 5-325 mg, Vicodin, and Vitamin D. Per the primary physician's progress report (PR-2) on 9-21-15, exam notes pain in lumbosacral area that is mild to moderate, with radiation to both legs. There was paraspinal spasm, trigger points at L5 and iliac crest, and normal sensory, motor, and DTR (deep tendon reflexes). Current plan of care includes refill of mediation. The Request for Authorization requested service to include Edluar 10mg #30. The Utilization Review on 9-30-15 denied the request for Edluar 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Edluar 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 (ODG), Pain (updated 09/08/2015), 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) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was record of Edluar use chronically leading up to this request for renewal. However, there was insufficient reporting found to show clear functional gains related to this medication. Also, there was no explanation as to why this medication would be justified over the generic version. Regardless, Guidelines do not recommend chronic use of this drug class, and therefore, the Edluar will be considered medically unnecessary. Weaning may be indicated. Therefore, the requested treatment is not medically necessary.