

Case Number:	CM15-0022971		
Date Assigned:	02/12/2015	Date of Injury:	05/21/2002
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 05/21/2002 due to an unspecified mechanism of injury. On 12/30/2014, he presented for a follow-up evaluation regarding his work related injury. He reported mid and low back pain rated at a 10/10 without medications and a 3/10 with medications. He also stated that his functional level was at a 10/10 without medications and a 2/10 to 3/10 with medications. His medications included Norco 5/325 mg by mouth 4 times a day, Norco 10 mg at bedtime as needed, tramadol ER 150 mg twice a day, Colace 100 mg 2 to 3 a day, and Ambien 10 mg 1 by mouth as needed. The physical examination showed tenderness to palpation over the left upper lumbar paraspinal musculature to the lumbar/thoracic regions. There was pain with right rotation and right lumbar flexion as well. He was diagnosed with chronic thoracic pain; and chronic lumbar discogenic pain. The treatment plan was for Norco 5/325 mg #120 and Ambien 10 mg #30. The rationale for treatment was to continue to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. While it was noted that the injured worker had a quantitative decrease in pain and an improvement in function with the use of his medications, no official urine drug screens or CURES reports were provided for review to validate his compliance with this medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically 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 ODG, 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, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment of 7 to 10 days for insomnia. The documentation provided does not show that the injured worker has a diagnosis of insomnia. Also, further clarification is needed regarding how long he has been using this medication, as it is only recommended for the short term treatment of 7 to 10 days. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.