

Case Number:	CM15-0023452		
Date Assigned:	02/13/2015	Date of Injury:	07/15/2004
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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
 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 72-year-old female who reported an injury on 01/07/2015. She presented for a followup evaluation regarding her work related injury. She continued to complain of baseline pain symptoms, essentially the same persistent intermittent flare ups. She had pain mostly in the low back with radiation down the back of the bilateral legs. It was stated that she continued to take Xarelto from her cardiologist and continued to take Vicodin once a day to manage her episodes of more severe pain. She was also noted to be relying on Lexapro 10 mg once a day and Ambien 10 mg at bedtime most nights for sleep. A physical examination showed that her pain behaviors were within the expected context of disease and that she was in no acute distress. The treatment plan was for Vicodin 5/300 mg #30 and Ambien 10 mg #30 with 2 refills. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, opioids criteria for use, ongoing management, weaning of medications Page(s): 91; 76-78; 78-80 and 124.

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. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an effective improvement in function with use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, 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 with 2 refills: 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); 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.

Decision rationale: The Official Disability Guidelines state that Ambien is recommended for the short term treatment of insomnia for no more than 7 to 10 days. The documentation provided for review does not show the injured worker is having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long she has been using this medication as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request and 2 refills would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.