

Case Number:	CM15-0215510		
Date Assigned:	11/05/2015	Date of Injury:	06/24/2004
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

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
 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:

This is a 53 year old male with a date of injury on 6-24-04. A review of the medical records indicates that the injured worker is undergoing treatment for ongoing thoracic and lumbar spine pain with headaches. Progress report dated 9-22-15 reports continued complaints of lower back pain that radiates to his left lower extremity. He states Norco brings his pain level down from a 9 out of 10 to 7 out of 10 and he is able to be more active. Urine drug screen on 6-2-15 was consistent. Objective findings: hypersensitivity to light touch over the left leg compared to the right, reflexes bilaterally, patellar reflexes and Achilles tendon reflex are 2 plus and no clonus. MRI 9-4-15 lumbar spine showed disk bulges at L4-5 and L5-Si with borderline canal stenosis and moderate bilateral neuroforaminal narrowing and some facet joint degenerative changes. According to the medical records he has been taking the requested medications since at least 6-2-15. Request for authorization was made for Norco 5-325 mg quantity 60 do not dispense (DND) until 10/21/2015 and Ambien 10 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 do not dispense (DND) until 10/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids a) If the patient has returned to work, (b) If the patient has improved functioning and pain. The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 10/10 to a 7/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Ambien 10mg #90: 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), Treatment in workers' Comp 2014 on the Web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 03/31/2014).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.