MAXIMUS Federal Services

Case Number:	CM15-0219224		
Date Assigned:	11/12/2015	Date of Injury:	06/25/2002
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/06/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65 year old male, who sustained an industrial injury on 06-25-2002. A review of the medical records indicates that the worker is undergoing treatment for grade I spondylolisthesis, disc desiccation with moderate stenosis of L5-S1, severe disc desiccation with moderate foraminal stenosis at L4-L5, multiple chest, head and facial contusions and status post left tibial fracture, open reduction internal fixation of right forearm fracture and reduction internal fixation of right wrist fracture. Treatment has included Norco (as far back as 2012), Restoril for sleep (since at least 04-02-2015) and lumbar epidural steroid injection. Subjective complaints (07-23-2015) included moderate to severe back pain radiating to the lower extremities that was rated as 5-6 out of 10 with medications and 8 out of 10 without medications. Objective findings showed difficulty walking, changing position and getting onto the examining table, restricted range of motion with pain and guarding, muscle spasm, positive straight leg raise on the left in sitting and supine positions and positive straight leg raise on the right in sitting and supine position. Subjective complaints (09-28-2015) included low back pain rated as 4 out of 10 with medications and 8 out of 10 without medications. The worker reported that with medications he was able to participate more in day to day activities. Lumbar epidural steroid injection had recently been administered and was noted to relieve pain. Objective findings (09-28-2015) showed a non-antalgic gait, minimal difficulty changing positions from sitting to standing, negative straight leg raise and intact motor and sensory functions. Requests for authorization of Norco and Restoril were submitted. There was no documentation of average pain, least amount of pain, duration of pain relief with Norco, time it took for pain relief or

evidence of objective functional improvement with the use of Norco. Although Restoril was prescribed for sleep there was no documentation in the recent progress notes as to the nature of the worker's sleep issues, duration of sleep with and without the use of Restoril or sleep hygiene. A utilization review dated 10-13-2015 non-certified a request for Restoril 15 mg Qty: 360 and modified a request for Norco 10-325 mg Qty: 120 to Norco 10-325 mg Qty: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg, #360: 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): Benzodiazepines.

Decision rationale: This 65 year old male has complained of lower back pain, leg pain, forearm pain and wrist pain since date of injury 6/25/2002. He has been treated with surgery, physical therapy, epidural steroid injections and medications to include Restoril since at least 04/2015. The current request is for Restoril. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. On the basis of the MTUS guideline cited above, Restoril is not medically necessary in this patient.

Norco 10/325mg, #120: Upheld

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

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

Decision rationale: This 65 year old male has complained of lower back pain, leg pain, forearm pain and wrist pain since date of injury 6/25/2002. He has been treated with surgery, physical therapy, epidural steroid injections and medications to include opioids since at least 12/2012. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.