

Case Number:	CM15-0220582		
Date Assigned:	11/13/2015	Date of Injury:	03/11/2004
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 61 year old female, who sustained an industrial injury on 3-11-2014. She reported pain of her lower back. According to physician documentation, the injured worker was diagnosed with status post lumbar fusion x2. Subjective findings dated 8-19-2015 and 10-20-2015, were notable for low back pain that radiated to left buttocks, rating pain 7 out of 10. Objective findings dated 10-20-2015, were notable for increasing adjacent segment stenosis at L2-L3 and stable lower back pain with left lower extremity lumbar radiculopathy, left sciatic notch tenderness with 60 degrees flexion and 15 degrees extension and left lateral bending 10 degrees and right lateral bending 15 degrees, with mild decreased sensation in the anterolateral aspect of the right thigh from hip to knee. Physician note states, an MRI of the lumbar spine was performed on 8-17-2011, revealing the worker had undergone decompressive laminectomies from L3-L5 (lumbar) with pedicle screw fixation from L3-L5. Treatments to date have included Gabapentin 400mg, Wellbutrin 150mg, Ambien 1mg, Tylenol/Aleve, Cymbalta, Hydrocodone, Vicoprofen (at least since 5-20-2015), physical therapy and back surgery. The Utilization Review determination dated 10-28-2015 did not certify prospective treatment/service requested for Vicoprofen 7.5/200mg #120 with 2 refills and Ambien 10mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #120 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there is record of chronic use of Vicoprofen. However, upon review of the notes, there was no clear and recent review for its use documented in the notes. There was no functional gain or pain level stated with compared to without this medication or any side effects which the worker might be experiencing related to this medication. Also, chronic NSAIDs are not recommended. Therefore, this request for Vicoprofen is not medically necessary. Weaning is recommended.

Ambien 10mg #30 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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, Ambien was prescribed and used chronically leading up to this request. However, there was no clear report seen on how effective it was. Also, no diagnosis or report of insomnia was seen in recent notes. Regardless, ongoing chronic use of this drug class is not recommended, and therefore, this request for Ambien is not medically necessary. Weaning is recommended.