

Case Number:	CM15-0034435		
Date Assigned:	03/02/2015	Date of Injury:	01/04/2014
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/24/2015

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 25-year-old male who reported an injury on 01/04/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar radiculopathy, lumbar facet arthropathy, and right hip pain. The injured worker presented on 01/16/2015 for a follow-up evaluation with complaints of chronic low back pain. Upon examination, there was limited range of motion of the lumbar spine secondary to pain and stiffness. There was also tenderness in the paraspinal muscles. Recommendations at that time included continuation of Norco, Flexeril, and Ambien. Possible facet joint injections were recommended. A Request for Authorization form was then submitted on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since 07/2014. There is no documentation of a written consent or agreement for chronic use of an opioid. There is also no documentation of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically necessary.

Ambien 10 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. In this case, the injured worker does not maintain a diagnosis of insomnia disorder. There is no documentation of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Flexeril 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. The guidelines do not support long-term use of Flexeril. There is also no frequency listed in the request. As such, the request is not medically appropriate.