

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0051411 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 02/08/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on February 8, 2013. He reported low back pain radiating to the right buttock and hip into the entire right leg to the foot and toes. The injured worker was diagnosed as having lumbar radiculopathy, herniation of lumbar disc, and lumbar discogenic pain. Treatment to date has included MRI, electrodiagnostic studies, physical therapy, chiropractic therapy, home exercise program, use of a cane for walking, electric stimulator, and muscle relaxant and non-steroidal anti-inflammatory medications. On February 4, 2015, the injured worker complains of severe low back pain radiating to the right lower extremity. Associated symptoms include severe cramping, weakness, and paresthesias of the right lower extremity. His pain is controlled with his muscle relaxant and non-steroidal anti-inflammatory medications. The physical exam revealed decreased lumbosacral range of motion with spasm and tenderness to palpation of the right lower lumbar paraspinal muscles. There was right sciatic notch tenderness, a positive right straight leg raise, decreased sensation of the right lumbar 5 dermatome, normal motor, and hyperreflexic deep tendon reflexes in the right lower extremity. The treatment plan includes pain and sleep medications to help him sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for radiating low back pain. When seen by the treating provider, current medications were no longer effective and Norco was started. He was having severe pain with lower extremity cramping. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the prescribing of Norco was medically necessary.

Ambien 10mg #30: 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for radiating low back pain. When seen by the treating provider, current medications were no longer effective and Norco was started. He was having severe pain with lower extremity cramping. Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien was not medically necessary.