

Case Number:	CM15-0052385		
Date Assigned:	03/25/2015	Date of Injury:	07/01/2010
Decision Date:	05/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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

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 male who reported an injury on 08/04/2012 due to an unspecified mechanism of injury. The most recent clinical note provided was a PR2 dated 02/06/2015. It showed that the injured worker reported low back pain at an 8/10, right leg pain at a 7/10, and left leg pain at a 6/10. His medications included Norco, Ambien, gabapentin, and Zoloft. Objective findings showed no new motor or sensory deficit with loss from range of motion of the lumbar spine and pain with discomfort. He was diagnosed with status post fusion of the lumbar spine times 2 and previous lumbar spine infection. The treatment plan was for the injured worker to continue taking his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien tab 10mg #30: 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) Pain (web: updated 2/10/15).

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

Decision rationale: The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment of 7 to 10 days for treating insomnia. The documentation provided does not indicate that the injured worker has a diagnosis of insomnia to support this medication. Also, further clarification is needed regarding how long he has been using Ambien for treatment as it is only recommended for short term treatment. In addition, the quantity, #30, would not be supported as this medication is only recommended for the short term treatment of 7 to 10 days. Furthermore, frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain; Carisoprodol (Soma) Page(s): 63; 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The California MTUS Guidelines indicate that Soma is not recommended for use and is not indicated for long term use. The documentation provided does not show how long the injured worker has been using this medication and continuing would not be supported as it is only indicated for short term use if used at all. Also, there is a lack of documentation showing that he has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Furthermore, the frequency of the medication was not stated within the request and the use of Soma is not supported by the guidelines. Therefore, the request is not supported. As such, the request is not medically necessary.

Zoloft 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress (web: updated 2/10/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: California MTUS Guidelines indicate that Zoloft is not recommended as a treatment for chronic pain but may have a role in treating secondary depression. The documentation provided does not indicate that the injured worker had secondary depression to support the requested medication. Also, there is a lack of documentation showing that the injured worker has had a quantitative decrease in pain or objective improvement in function with the use of this medication to support its continuation. Also, the frequency of the medication was

not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take before a Therapeutic Trial of Opioids; Opioids: Initiating Therapy Page(s): 76; 77; 78. Decision based on Non-MTUS Citation ODG Pain (web: updated 2/10/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided does not indicate that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.