MAXIMUS Federal Services

Case Number:	CM15-0058504		
Date Assigned:	04/03/2015	Date of Injury:	02/03/2007
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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:

This 47 year old male sustained an industrial injury to the back on 2/3/07. Previous treatment included magnetic resonance imaging, lumbar spine surgery times two and medications. In the most recent PR-2 submitted for review, dated 12/3/14, the injured worker complained of a flare up his low back and left leg pain, rated 7/10 on the visual analog scale, associated with numbness and tingling in the left leg. Physical exam was remarkable for lumbar spine with tenderness to palpation, palpable bilateral muscle spasms, positive left straight leg raise and femoral stretch and decreased sensation along the L3 and L4 distributions. Current diagnoses included status post lumbar surgery times two. The treatment plan included cervical spine magnetic resonance imaging and prescriptions for Ambien and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

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, no side effects were reported and pain levels were reported with and without the use of medications, including Norco, however, there was no report found in the documentation showing specific functional status with and without the use of the Norco, which is required in order to consider it for continuation. Therefore, the Norco will be considered not medically necessary at this time. Weaning may be indicated.

30 Tablets of ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics and the Pain section, Ambien and 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 used more than for only a short duration, which is not recommended for this drug type. Also, there was no recent reporting of the sleep quality and effectiveness of Ambien which might have helped justify its continuation. However, considering the above reasons, the request for Ambien will be considered not medically necessary.