

Case Number:	CM15-0088745		
Date Assigned:	05/13/2015	Date of Injury:	12/29/2004
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 47-year-old male, who sustained an industrial injury on 12/29/2004. He has reported injury to the low back. The diagnoses have included two-level lumbar discopathy; status post two-level lumbar fusion with hardware pain; painful retained hardware status post L3-4 and L4-5 posterior lumbar interbody fusion; and status post lumbar hardware removal, fusion inspection, and grafting of screw holes on 09/19/2012. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Ambien, Flexeril, and Prilosec. A progress note from the treating physician, dated 04/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant low back pain with numbness and tingling to the lower extremities; pain is rated at 8-9/10 on the pain scale; difficult time with sleeping; attending physical therapy; aggravation of symptomatology at this time; and is currently taking Norco which is helping. Objective findings included tenderness, spasm, and tightness to palpation of the lumbar spine; short-stepped and antalgic gait; decreased range of motion of the lumbar spine; and extreme pain to the mid-thoracic spine on lateral bending. The treatment plan has included the request for Ambien 10mg #30 with two refills; and Norco 10/325mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien, FDA approved package insert.

Decision rationale: The patient is a 47-year-old male with an injury on 12/29/2004. He has low back pain and had a lumbar fusion. Hardware was removed on 09/19/2012. On 04/06/2015, he had chronic low back pain with numbness and tingling in his lower extremities. Ambien is not FDA approved for long-term use and has been documented to be effective for up to 35 days only. Also recently, there has been documentation of elevated blood levels in a significant number of patients taking the 10 mg dose. The requested #30 of the 10 mg tablets and two refills for a total of 90 tablets is not medically necessary and is not consistent with the FDA approved package insert indications.

Norco 10/325mg #75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 47-year-old male with an injury on 12/29/2004. He has low back pain and had a lumbar fusion. Hardware was removed on 09/19/2012. On 04/06/2015, he had chronic low back pain with numbness and tingling in his lower extremities. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The treatment is not medically necessary.