

Case Number:	CM15-0237007		
Date Assigned:	12/14/2015	Date of Injury:	12/09/2005
Decision Date:	01/15/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/04/2015

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: Emergency Medicine

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 56 year old male, who sustained an industrial injury on 12-09-2005. According to physician documentation, the injured worker was diagnosed with chronic lumbar radiculopathy, and failed lumbar back syndrome. Subjective findings dated 8-17-2015 & 11-12-2015 were notable for low back and right leg pain described as aching. Objective findings dated 8-17-2015 & 11-12-2015 were notable for palpation of the lumbar facet reveals pain on both sides at (lumbar) L3-S1 (sacral) region, pain over the lumbar intervertebral disc spaces on palpation, bilateral sacroiliac joint right and left sided pain, palpable twitch, positive trigger points in the lumbar paraspinal muscles with an antalgic gait, anterior flexion of the lumbar spine is 30 degrees, anterior flexion causes pain and extension of the lumbar spine is 15 degrees. Treatments to date have included Norco 10-325mg. The Utilization Review determination dated 11-20-2015 did not certify treatment/service requested for Norco 10-325mg #270 and Ambien 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #270 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and right leg pain described as aching. Objective findings dated 8-17-2015 & 11-12-2015 were notable for palpation of the lumbar facet reveals pain on both sides at (lumbar) L3-S1 (sacral) region, pain over the lumbar intervertebral disc spaces on palpation, bilateral sacroiliac joint right and left sided pain, palpable twitch, positive trigger points in the lumbar paraspinal muscles with an antalgic gait, anterior flexion of the lumbar spine is 30 degrees, anterior flexion causes pain and extension of the lumbar spine is 15 degrees. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #270 is not medically necessary.

Ambien 10mg #90: 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), Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg #90, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker has low back and right leg pain described as aching. Objective findings dated 8-17-2015 & 11-12-2015 were notable for palpation of the lumbar facet reveals pain on both sides at (lumbar) L3-S1 (sacral) region, pain over the lumbar intervertebral disc spaces on palpation, bilateral sacroiliac joint right and left sided pain, palpable twitch, positive trigger points in the lumbar paraspinal muscles with an antalgic gait, anterior flexion of the lumbar spine is 30 degrees, anterior flexion causes pain and extension of the lumbar spine is 15 degrees. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #90270 is not medically necessary.