

Case Number:	CM13-0018483		
Date Assigned:	03/26/2014	Date of Injury:	05/12/2007
Decision Date:	06/10/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old female who sustained an injury on 05/12/07 while bending over and twisting the low back. The patient was followed for a chronic history of low back pain. Prior surgical procedures included intradiscal electrothermal therapy (IDET) procedure. The patient also had a neurostimulator implanted. The patient had been followed for complaints of persistent low back pain, with decreased sensation in the left lower extremity. The patient was being followed by [REDACTED]. On 10/04/13 [REDACTED] noted that the patient had good control of the symptoms with medications. The specifics regarding functional improvement and pain relief were not provided in the clinical record. The patient denied any side effects with medications. On physical examination, there continued to be loss of sensation in a right L3 through L5 distribution, with mild weakness in the right ankle dorsiflexion and plantar flexion. The patient was pending a surgical evaluation and MRI. At this visit, the medications continued to include Senokot, gabapentin, and Prilosec. The narcotic medications included MS Contin 60mg twice daily and Dilaudid 4mg up to six (6) per day. Other medications included Ambien 10mg, Cymbalta 60mg, and Zanaflex 4mg. Prozac was discontinued at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS :OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ZOLPIDEM.

Decision rationale: The Official Disability Guidelines indicate that the use of Ambien to address insomnia is recommended for short term duration no more than six (6) weeks. Furthermore, the Food and Drug Administration (FDA) has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien was effective in improving the claimant's overall functional condition. As such, this reviewer would not have recommended this medication as medically necessary.

ZANAFLEX 4MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MUSCLE RELAXANTS FOR PAIN, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, (MAY 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, PAGES 63-68.

Decision rationale: The Chronic Pain Guidelines do not recommend the chronic use of muscle relaxers. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication.

DILAUDID 4MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: HYDROMORPHONE, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, (MAY 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, PAGES 88-89.

Decision rationale: The Chronic Pain Guidelines indicate that for long-term use of opioids, the provider should document pain and functional improvement and compare to baseline. The guidelines also indicate that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted for review did not provide any specific functional improvement or pain reduction with the use of this medication. There was no indication that the patient had ever been

instructed to wean medications or had attempted any weaning period. The current MED for narcotics was 216mg per day, which substantially exceeded the maximum amount of narcotics recommended for daily intake. Given the lack of specific functional improvement or pain medi or pain reduction with the significant use of narcotic medications including dilaudid, this reviewer would not have recommended this medication as medically necessary.

MS CONTIN 60MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MS CONTIN, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, (MAY 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, PAGES 88-89.

Decision rationale: The Chronic Pain Guidelines indicate that for long-term use of opioids, the provider should document pain and functional improvement and compare to baseline. The guidelines also indicate that the satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical documentation submitted for review did not provide any specific functional improvement or pain reduction with the use of this medication. There was no indication that the patient had ever been instructed to wean medications or had attempted any weaning period. The current MED for narcotics was 216mg per day which substantially exceeded the maximum amount of narcotics recommended for daily intake. Given the lack of specific functional improvement or pain medi or pain reduction with the significant use of narcotic medications including MS Contin, this reviewer would not have recommended this medication as medically necessary.