

Case Number:	CM13-0031099		
Date Assigned:	12/04/2013	Date of Injury:	03/10/2009
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 63-year-old male who sustained a work-related injury on 03/10/2009. The clinical information indicates the patient has been on his medication regimen for an extended length of time but continues with persistent complaints of 7/10 pain. The most recent progress report dated 10/14/2013 documented subjective complaints of ongoing low back pain with radiation to the right thigh. Objective findings revealed tenderness of the lumbar spine on the right side along the sacroiliac joint and pelvic irritability with pain and tenderness with Faber and Gaenslen's tests. The patient's diagnoses included spondylosis, rule out anterior abdominal incisional hernia, and probable right-sided sacroiliitis. The treatment plan included recommendation for a pain management evaluation and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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): 78-79.

Decision rationale: The California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use, which include documentation of adverse affects, activities of daily living, aberrant behaviors, and analgesic efficacy. The clinical information indicates the patient has been on Norco since at least 11/2012 and continues with reports of 7/10 pain. There is no evidence submitted for review to support efficacy or functional benefit being obtained through the continued use of the requested medication. As such, the request for Norco 10/325mg #60 is non-certified.

Ambien 1 tablet at HS #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 Pain Insomnia Treatment Ambien Non-Benzodiazepine sedative-hypnotics

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 zolpidem is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia, usually 2 to 6 weeks. The clinical information submitted for review indicates that the patient has been on Ambien since at least 12/2012. Given that the Official Disability Guidelines only recommend the use of the requested medication for the short term, the request is not supported. As such, the request for Ambien 1 tablet at HS #30 is non-certified.