MAXIMUS Federal Services

Case Number:	CM13-0060737		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2008
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 has a subspecialty in Interventional Spine 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 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 medical records from [redacted], including 2/28/13, 5/2/13, 5/30/13, 6/27/13, 8/8/13, 9/12/13 and 11/14/13 were reviewed for documentation of efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states,"When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco MTUS does not recommend continuing treatment if there is not a satisfactory response.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 TWICE A DAY QTY 60: 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 Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The medical records from [redacted], including 2/28/13, 5/2/13, 5/30/13, 6/27/13, 8/8/13, 9/12/13 and 11/14/13 were reviewed for documentation of efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states,"When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore the request is not medically necessary.

AMBIEN 10MG QTY30: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Zolpidem. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the 11/14/13 PM&R report from [redacted], the patient presents with increased pain in the right upper extremity and is having difficulty coping with chronic pain. Ambien was refilled. The records show the patient has been using Ambien since before 2/28/13. ODG guidelines state that this is not recommended for use longer than 6-weeks. The request to continue Ambien for over 10-months is not in accordance with ODG guidelines therefore is not medically necessary.