MAXIMUS Federal Services

Case Number:	CM14-0116664		
Date Assigned:	08/04/2014	Date of Injury:	04/04/2012
Decision Date:	10/06/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This 53 year old patient had a date of injury on 4/4/2012. The mechanism of injury was not noted. In a progress noted dated 6/26/2014, subjective findings included persistent aching pain in low back and left leg. His back continues to be bothersome, especially with prolonged standing and walking. On a physical exam dated 6/26/2014, objective findings included tenderness, spasm and guarding of the lumbar and thoracic paraspinous muscles, decreased sensation about the L4, L5, and S1 dermatomes on the left, normal sensation on right. No significant change is noted from last visit. A lumbar MRI dated 5/8/2012 noted at L4-L5 there was a 2mm disc bulge without central or lateral spinal stenosis. At L5-S1, there was loss of nucleus signal intensity, a 2mm disc bulge, and high intensity zone noted in the posterior aspect of the disc. There was mild bilateral facet hypertrophy, mild central canal narrowing, and mild left and slight right neural foraminal narrowing. Diagnostic impression shows L5-S1 left sided disc herniation with stenosis, annular tear and left lower extremity radiculopathy, insomnia, gastrointestinal problemsTreatment to date: medication therapy, behavioral modificationA UR decision dated 7/21/2014 denied the request for Norco 10/325 #90, stating lack of efficacy of prior use of narcotics in terms of reducing patient's pain symptoms and increased ability to participate in activities of daily living. Ambien 10mg #30 was denied, stating physician has not addressed goals to be achieved, duration on use of this medication. The case is chronic and long term use of hypnotic is not recommended as 1st line treatment. MRI of lumbar spine was denied, stating no documentation of re-injury or progression of neurological symptoms. There were no reports of significant change in symptoms such as tumor, infection, fracture, neurocompression, or disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 6/26/2014, there was no discussion regarding failure or prior analgesics to justify the use of this opioid. Furthermore, there was no evidence of pain contract or urine drugs screens. Therefore, the request for Norco 10/325#90 is not medically necessary.

Ambien 10 mg #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

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, ambien

Decision rationale: MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In a progress report dated 6/26/2014, there was no objective or subjective evidence of this patient experiencing insomnia. Furthermore, there was no discussion regarding duration of therapy, prior treatment methods, or failed over the counter products to justify the use of this medication, which is intended for short term use. Therefore, the request for Ambien 10mg #30 is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 303-304; Official Disability Guidelines (ODG) low back chapter MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. It was noted that a lumbar MRI of lumbar spine was performed on 5/8/2012, showing mild canal narrowing and mild left and slight right neural foraminal narrowing. In a progress report dated 6/26/2014, there was no evidence of any progressive neurological deficits noted from the previous physical exam. Plains films were not provided for review, and there was no indication that there was intended surgery. Furthermore, no documentation of any significant changes in the patients condition was mentioned to warrant repeat imaging. Therefore, the request for MRI of lumbar spine is not medically necessary.