

Case Number:	CM14-0119783		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2007
Decision Date:	10/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old male was reportedly injured on 2/03/2007. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 5/21/2014, indicates that there are ongoing complaints of chronic low back pain that radiates to the LLE. The physical examination demonstrated Lumbar ROM; F 35, E 10, RLF/LLF 15. Diagnostic imaging studies include x-rays of the lumbar spine which reveal lumbar fusion at L3-4. Previous treatment includes Lumbar fusion, medication and conservative treatment. A request had been made for Ambien 10 mg #30, Nucynta 50 mg #30, Cyclobenzaprine 7.5mg #60, and was determined not medically necessary in the pre-authorization process on 7/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ambien 10mg between 7/14/2014 and 08/28/2014: 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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

Nucynta 50mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - Compression Garments (updated 05/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. ODG supports Nucynta as 2nd line therapy for patients with moderate to severe pain who have developed intolerable adverse effects with first-line opiates. Review of the available medical records, fails to document any intolerable adverse reactions or effects to 1st line treatment options. Given the lack of documentation, Nucynta does not meet guideline criteria and therefore is not considered medically necessary.

Cyclobenzaprine 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26; MTUS (Effective July 18, 2009) Muscle relaxants: Page 41, 64 of 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.