

Case Number:	CM14-0122468		
Date Assigned:	08/06/2014	Date of Injury:	03/01/1995
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 California, has a subspecialty in Physical Medicine and Rehabilitation and is licensed to practice in Interventional Spine. 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 59 years old male with an injury date on 03/01/1995. Based on the 05/01/2014 progress report provided by [REDACTED], the diagnoses are: 1. Sprain of Neck 2. Sprain Thoracic Region 3. Sprain Lumbar Region According to this report, the patient complains of pain in the lower back that is achy and sharp. The pain is rated as a 5/10. Physical exam reveals slight to moderate pain over the lumbar paraspinals muscles bilaterally. Range of motion of the lumbar spine is slight restricted due to pain. The patient is "working 7 days a week and having flare-up of back pains." There were no other significant findings noted on this report. The utilization review denied the request on 07/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/01/2014 to 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89;.

Decision rationale: According to the 05/01/2014 report by [REDACTED] this patient presents with lower back that is achy and sharp. The treater is requesting Norco 10/325 mg #180. Norco was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the report shows the patient is working 7 day a week. Unfortunately, the treater does not provide any discussion regarding the other four A's. There is no documentation of analgesia with medication; no documentation of side effects; no opiates management for aberrant behavior such as urine toxicology. Without these documentation, on-going use of opiates cannot be supported per MTUS. Recommendation is for denial and slow taper of the opiate.

Ambien 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines Pain(Chronic) page 142

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline have the following regarding Ambien for insomnia: Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. (Buscemi, 2005

Decision rationale: According to the 05/01/2014 report by [REDACTED] this patient presents with lower back that is achy and sharp. The treater is requesting Ambien 10 mg #90. Ambien was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia; however, the treater is requesting Ambien #90. The treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication, recommendation is for denial.

Flexeril 5mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain).

Decision rationale: According to the 05/01/2014 report by [REDACTED] this patient presents with lower back that is achy and sharp. The treater is requesting Flexeril 5 mg #135. Flexeril was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Flexeril #135; Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, recommendation is for denial.

Ultram 100mg #270: 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
Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS ; Opioids for chronic pain
Page(.

Decision rationale: According to the 05/01/2014 report by [REDACTED] this patient presents with lower back that is achy and sharp. The treater is requesting Norco 10/325 mg #180. Norco was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the report shows the patient is working 7 day a week. Unfortunately, the treater does not provide any discussion regarding the other four A's. There is no documentation of analgesia with medication; no documentation of side effects; no opiates management for aberrant behavior such as urine toxicology. Without these documentation, on-going use of opiates cannot be supported per MTUS. Recommendation is for denial and slow taper of the opiate.