

Case Number:	CM14-0128543		
Date Assigned:	10/14/2014	Date of Injury:	04/11/1997
Decision Date:	11/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine 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 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 injured worker is a 68-year-old male who sustained an injury on April 11, 1997. He is diagnosed with (a) chronic intractable low back pain secondary to lumbosacral degenerative disc disease with spondylolisthesis status post lumbar fusion, L5-S1; (b) fractured anterior body screw L5-S1 with instability; (c) chronic intractable neck pain secondary to cervical degenerative disc disease status post cervical fusion C5-C6, C6-C7; (d) chronic right knee pain secondary to advanced osteoarthritis; (e) right shoulder pain status post right shoulder decompression surgery; and (f) gait dysfunction. He was seen on October 6, 2014 for an evaluation. He reported that his right knee gave out and he fell on his right side. He also had complaints of persistent neck and low back pain. Examination of the cervical spine revealed tenderness over the cervical paraspinals. Cervical range of motion was limited. An examination of the lumbar spine revealed tenderness over the lumbar paraspinals. There was limited range of motion. Gait was antalgic. Examination of the right knee revealed tenderness over the medial and lateral joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10mg #30 (4 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) MedScape 2009

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ambien® (zolpidem tartrate)

Decision rationale: The request for Ambien 10 mg #30 (4 refills) is not medically necessary at this time. Review of medical records revealed that the injured worker has been taking Ambien since August 2014. Guidelines do not recommend long-term use of Ambien. Proceeding with this medication is not appropriate at this time.

VOLTAREN GEL 10% #5 (4 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The request for Voltaren gel 10% #5 (4 refills) is not medically necessary at this time. According to the California Medical Treatment Utilization Schedule, there is little evidence to prove the efficacy of topical analgesics. Hence, the use of Voltaren gel is not medically necessary at this time.

NORCO 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. Clinical case of the injured worker has satisfied neither of these conditions. While the injured worker reported decreased pain from Norco, there were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for Norco 10/325 mg #120. Hence, the request for Norco 10/325 mg #60 is not medically necessary at this time.