

<b>Case Number:</b>	CM14-0145305		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 43-year-old who injured his low back on 07/19/13. The medical records provided for review included the 08/13/14 progress report noting right sided axial low back complaints with no improvement from recent trigger point injections or continued use of medication. Physical examination showed restricted motion at end points and there was no documentation of neurologic findings. Recommendations were for continuation of medications to include Norco, Ambien, Voltaren, as well as a request for twelve additional sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #45, 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not recommend the continued use of Norco. The clinical records for review indicate the claimant's symptoms have not improved with the current medication regimen nor has he advanced in his activities for

function in the past several months. The Chronic Pain Guidelines recommend documentation of benefit to include decreased pain and improved level of function to continue narcotic medication such as Norco. The continued use of this short acting narcotic analgesic Norco without documentation of benefit would thus not be medically necessary.

**Ambien 10mg, #15, 2 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, pain procedure - Zolpidem (Ambien®)

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines would currently not support continued use of Ambien. According to the ODG Guidelines, Ambien is to be utilized with caution as a short line agent for insomnia related complaints. Typically, ODG Guidelines do not support its use beyond a few weeks. At this chronic stage in claimant's course of care without documentation of the diagnosis of insomnia, continued use of Ambien would not be medically necessary.

**Acupuncture 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Acupuncture Guidelines do not recommend the request for twelve additional sessions of acupuncture. The Acupuncture Guidelines in regards to the use of acupuncture would only support three to six sessions of acupuncture to demonstrate functional improvement with optimum duration of one to two months. It is unclear as to the number of total sessions of acupuncture that have already been utilized in this individual's course of care. The request for twelve sessions exceeds the recommended Acupuncture Guideline criteria and would not be medically necessary.

**Voltaren 75mg, #60, 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support continued use of Voltaren. The Chronic Pain Guidelines recommend the use of nonsteroidal medications at the lowest dose possible for the shortest period of time possible. There is no documentation that the claimant receives any functional benefit with Voltaren. Given the timeframe from injury, the chronic use of anti-inflammatory agents without acute symptomatic finding would not be medically necessary.