

Case Number:	CM14-0152356		
Date Assigned:	09/22/2014	Date of Injury:	01/08/2002
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 01/08/2002. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic low back pain with postsurgical pain, right knee internal derangement, and internal derangement of the left knee, hernia of abdomen, right wrist sprain, left wrist sprain, right shoulder impingement, and right ankle sprain. The previous treatments included medication and surgery. Within the clinical note dated 08/27/2014, it was reported that the injured worker complained of lower backache and bilateral knee pain. He rated his pain at 8/10 in severity without medication. The medication regimen included Ambien, Norco, and Soma. Within the physical examination, the provider noted the range of motion of the lumbar spine was restricted with flexion limited to 30 degrees and limited by pain, and extension at 5 degrees and limited by pain. There was tenderness to palpation of the paravertebral muscles, with spasms and tight muscle bands. There was a positive trigger point with a twitch response along the radiating pain on palpation. It was noted that the injured worker had positive lumbar facet loading. The provider requested Soma, Norco, and Ambien. However, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Soma 350 mg #120 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations in patients with chronic low back pain. The guidelines do not recommend the medication to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommended the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider did not document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Ambien 10mg #30: 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): Pain (chronic)

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

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which was approved for the short term use of 2 to 6 weeks treatment of insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication.

Additionally, there was a lack of documentation indicating the injured worker was treated for or diagnosed with insomnia. Therefore, the request is not medically necessary.