

Case Number:	CM14-0163200		
Date Assigned:	10/08/2014	Date of Injury:	12/19/2010
Decision Date:	11/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 62-year-old female who reported an injury on 12/19/2010. The mechanism of injury was a fall over a cart. The diagnoses included disorder of the sacrum, tear of the posteromedial meniscus, lumbosacral sprain/strain, abdominal tenderness, and left flank pain on defecation. The previous treatments included medication. Within the clinical note dated 04/29/2014, it was reported the injured worker complained of back pain, and bilateral knee pain. The injured worker complained of chronic pain and depression. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the spine and extremities. The lumbar spine range of motion was noted to be flexion at 20 degrees, and extension at 10 degrees. The request submitted is for Vicodin, Ambien, and Ativan. However, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/500 mg, 150 count: 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 Opioids, criteria for use, On-Going Management Page(s): 77-78..

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the use of the urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Ambien CR 12.5, 30 count: 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), Pain Chapter

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

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the use of the urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Ativan 1 mg, five count: 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 Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend Ativan for long term use due to long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of Ativan to 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guideline recommendations of short term use of 4 weeks. Therefore, the request is not medically necessary.