

Case Number:	CM14-0084881		
Date Assigned:	07/23/2014	Date of Injury:	08/09/2002
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 63-year-old female was reportedly injured on August 9, 2002. The most recent progress note, dated February 11, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine tenderness and spasms as well as decreased sensation at the dorsum of the right foot. Diagnostic imaging studies of the lumbar spine revealed a small disc bulge at L4-L5 with moderate to severe bilateral neural foraminal stenosis. Previous treatment included a lumbar spine laminectomy at L3-L4 and L4-L5. A request had been made for Norco, Percocet, Ambien, and Valium and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #460: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for

intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Percocet 10/325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury, however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Percocet is not considered medically necessary.

Ambien 10 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The Official Disability Guidelines specifically do not recommend them for long-term use for chronic pain, and this request is for 90 tablets. As such, this request for Ambien is not medically necessary.

Valium 10 mg #60: 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 Page(s): 24.

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The record reflects that this medication is being prescribed for long term use and this is a prescription for another 60 tablets. Additionally, there is no recent documentation of improvement in functionality with the use of this medication. As such, this request for Valium is not medically necessary.