

Case Number:	CM14-0090629		
Date Assigned:	07/25/2014	Date of Injury:	03/23/2009
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain 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 26-year-old female who reported an injury on 03/23/2009. The mechanism of injury was a fall from a plane. The diagnoses included lumbar radiculopathy, lumbar disc without myelopathy, degenerative disc disease of the lumbar spine, lumbosacral sprain/strain, and pain in the joint of the ankle and foot. Previous treatments included injections, ankle brace, home exercise, surgery, medication. Diagnostic testing included an MRI. The medication regimen included Norco, diclofenac, zolpidem tartrate, naproxen, nizatidine, Medrol, Prilosec 20 mg. Within the clinical note dated 05/28/2014, it was reported the injured worker complained of left ankle pain. The injured worker rated her pain 9/10 in severity without medication. Upon the physical examination, the provider noted decreased left lower extremity strength limited by ankle pain. The provider indicated the injured worker had decreased left L4 and decreased left L5 sensation to pin prick. The provider requested diclofenac for inflammation, zolpidem for insomnia and Norco for pain. The request for authorization was provided and dated 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 75mg #60 and 1 Refill: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is 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 guidelines note diclofenac is indicated for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment including the ankle, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Therefore, the request is not medically necessary.

Zolpiderm Tartrate 10mg and 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Updated 5/15/14) Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which was approved for the short term use, usually 2-6 weeks treatment of insomnia. There was 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. There is lack of documentation indicating the injured worker has been diagnosed with insomnia. Additionally, the injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

Norco 7.5/325mg #60 x 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 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 on a patient in 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 provided failed to document an adequate and

complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.