

Case Number:	CM14-0098000		
Date Assigned:	07/28/2014	Date of Injury:	08/11/2009
Decision Date:	09/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 59-year-old male who reported an injury on 08/11/2009. Mechanism of injury was not provided for clinical review. The diagnoses included syndrome post laminectomy lumbar - lumbar laminectomy, sciatica, reduction deformities of the brain, and lumbago. His treatment's included medication and surgery. Within the clinical note dated 05/20/2014 it was reported the injured worker complained of low back pain, numbness and tingling. Upon physical examination, the provider noted the range of motion to be lumbar flexion at 60 degrees and extension at 0 degrees. The provider noted the injured worker had spasms and guarding of the lumbar spine. The provider requested Ambien, Lorazepam for anxiety, and methadone. Request for Authorization was submitted and dated 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ambien 10 mg. # 30 with 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 (ODG): 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), Pain, Zolpidem.

Decision rationale: The request for 1 prescription of Ambien 10 mg #30 with 1 refill is not medically necessary. The injured worker complained of low back pain. He reported the pain radiated into his lower extremities. The injured worker complained of numbness and tingling. The Official Disability Guidelines notes Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which was approved for short term treatment, usually 2 to 6 weeks, treatment of insomnia. The guidelines note proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents, are commonly prescribed in chronic pain. Pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long term. There is lack of documentation indicating the injured worker was treated for or diagnosed with insomnia. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

1 prescription for Lorazepam 1 mg. # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for 1 prescription of Lorazepam 1 mg #10 is not medically necessary. The injured worker complained of back pain radiating to his lower extremity. The injured worker complained of numbness and tingling. The California MTUS Guidelines do not recommend Lorazepam for long term use because of long term efficacy is unproven and there is risk of dependence. The guidelines also recommend the limited use of Lorazepam to 4 weeks. The injured worker has been utilizing the medication for an extended period of time, since at least 12/2013, which exceeds the guidelines short term use of 4 weeks. 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. Therefore, the request is not medically necessary.

1 prescription for Methadone HCL 10 mg. # 150: 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, On-Going Management Page(s): 78.

Decision rationale: The request for 1 prescription of Methadone HCL 10 mg #150 is not medically necessary. The injured worker complained of low back pain radiating into his lower

extremities. He complained of numbness and tingling. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective benefit and improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.