

Case Number:	CM14-0216671		
Date Assigned:	01/06/2015	Date of Injury:	10/10/2002
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of October 1, 2002. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve a request for Naprosyn, Norco, and Ambien. The claims administrator stated that these medications were prescribed on or around December 2, 2014. The applicant's attorney subsequently appealed. On August 19, 2014, the attending provider sought authorization for an interferential stimulator device as well as multilevel medical branch blocks. The applicant's medications were not detailed. There was no discussion of medication efficacy transpired, although the attending provider suggested that the applicant had failed conservative treatment including physical therapy, manipulative therapy, medications, and home exercises. The remainder of the file was surveyed. The bulk of the information provided comprised of historical utilization review reports, with relatively few clinical progress notes. As noted previously, the progress note which was on file dated August 19, 2014 did not contain any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen SOD TAB 550MG Day Supply: 30 Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant's work status was not clearly outlined on the August 13, 2014 progress note. The attending provider's progress note on that date did not contain any explicit discussion of medication efficacy. It did not appear that the applicant had returned to work. The admittedly limited information on file, thus, suggested a lack of functional improvement as defined in MTUS 9792.20f with earlier usage of Naprosyn. While it is acknowledged that the December 2, 2014, progress note on which the article in question was sought was not incorporated into the independent medical review packet. The information, which was on file, however, failed to make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Hydroco/APAP TAB 10-325MG Day Supply: 15 Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the admittedly dated information on file suggested that the applicant was not working. The August 13, 2014 progress note, referenced above, as noted previously, failed to contain any explicitly discussion of medication efficacy. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen usage. While it is acknowledged that the December 10, 2014 progress note in which the article in question was sought was not incorporated into the independent medical review packet, the information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Zolpidem TAB 10MG Day Supply: 60 Qty: 60: 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, Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Zolpidem (Ambien), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, the Food and Drug Administration (FDA) notes that Ambien (Zolpidem) is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the 60-tablet supply of Ambien, in and of self, implies treatment in excess of FDA parameters. No compelling applicant-specific rationale or medical evidence was attached so as to support such usage, although, as with the other request, it is acknowledged the December 10, 2014 progress note in which the article in question was sought was not incorporated into the independent medical review packet. Therefore, the request was not medically necessary.