

Case Number:	CM15-0017637		
Date Assigned:	02/05/2015	Date of Injury:	08/23/2006
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 injured worker is a 47 year old male, who sustained an industrial injury on 8/23/2006. He underwent cervical surgery in 2008, cervical fusion (2006) and two lumbar fusions (2002). The diagnoses have included neck pain, post laminectomy syndrome, lumbar and cervical, and sciatica. Treatment to date has included surgical intervention, acupuncture, medications, cervical epidural steroid injections and home exercises. Magnetic resonance imaging (MRI) of the cervical spine dated 10/04/2010 showed C3-4 right paracentral 2mm disc protrusion with small extruded component with indentation to the right ventral aspect of the spinal cord and mild narrowing of the right neural foramina and trace C4-5 broad based disc bulge without mass effect on the cord or central canal stenosis. Currently, the Injured Worker complains of chronic neck and back pain. Cervical pain radiates down his bilateral upper extremities with numbness and tingling which is sometimes worse on the left. He states that medications do reduce some pain and allow for better function. Cervical epidural steroid injections have not helped with his pain. Objective findings included painful, reduced range of motion of the neck, tenderness to the cervical spine, and a normal non-antalgic gait. On 1/16/2015, Utilization Review non-certified a request for Ambien 10mg #30 and modified a request for Hydrocodone/Apap 10/325mg #120 and Morphine sulfate 30mg #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/29/2015, the injured worker submitted an application for IMR for review of Hydrocodone/Apap 10/325mg #120, Morphine sulfate 30mg #90 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 6/10/14): Hydrocodone BIT/APAP 10-325mg #120: Overturned

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 Page(s): 78-80.

Decision rationale: MTUS Guidelines allow for the judicious use of long term opioid medications when there is clear evidence of pain relief, functional improvements and no aberrant drug related behaviors. It is clearly documented that this individual meets these Guideine standards. Pain relief is reported to be over 50%, function is improved with an active exercise program is documented and urine drug tests and CUREs reports performed and consistent with appropriate use. It is also well documented that other medications had been trialed and failed. Under these circumstances the Hydrocodone 10/325 #120 is medically necessary.

Retro (DOS 6/10/14): Morphine Sulfate 30mg #90: Overturned

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 Page(s): 78-80.

Decision rationale: MTUS Guidelines allow for the judicious use of long term opioid medications when there is clear evidence of pain relief, functional improvements and no aberrant drug related behaviors. It is clearly documented that this individual meets these Guideine standards. Pain relief is reported to be over 50%, function is improved with an active exercise program is documented and urine drug tests and CUREs reports performed and consistent with appropriate use. It is also well documented that other medications had been trialed and failed. Under these circumstances the MORphine Sulfate 30mg. 390 is supported by Guidelines and is medically necessary.

Retro (DOS 6/10/14): Ambien 10mg #30 with 3 refill: 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 Pain-Insomnia Treatment

Decision rationale: MTUS Guideines do not address this issue. ODG Guidelines address this issue in great detail and the updated versions do allow for long term use of select hypnotic

medications, but Ambien is not one of these. Guidelines recommend limited daily use of up to 7-14 days. The recommended use has been daily on a long term basis. This is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Ambien 10mg. #30 with 3 refills is not medically necessary.