

Case Number:	CM15-0113483		
Date Assigned:	06/19/2015	Date of Injury:	07/13/2009
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 58 year old male who sustained an industrial injury on 07/13/2009. The injured worker was diagnosed with lumbosacral radiculopathy and discogenic pain. Treatment to date has included diagnostic testing, conservative measures, lumbar spine epidural steroid injections, physical therapy, aquatic therapy and medications. According to the primary treating physician's progress report on April 15, 2015, the injured worker continues to experience low back pain radiating to the left lower extremity. Examination demonstrated spasms in the lumbar paraspinal muscles and stiffness of the lumbar spine. An antalgic gait was noted on the left. Dysesthesia to light touch in the L4 and L5 dermatome distribution was documented. Motor strength was demonstrated to be 4+/5 in the left extensor hallucis longus muscle, left ankle dorsiflexion, left knee flexion and extension. Current medications are listed as Hydrocodone 10/325mg, MsContin 30mg, Cyclobenzaprine and Topiramate. Treatment plan consists of start aquatic therapy; continue with medication regimen and the current request for Nabumetone and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, po qhs prn #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, sleep aids.

Decision rationale: The medical records provided for review indicate improvement in symptoms with report of significant sleep interference and is taking zolpidem. ODG guidelines support short term use of sleep agent such as zolpidem for 4 to 6 weeks. As such 10 mg at bedtime for occasional use is supported and is medically necessary based on the medical records or supported by ODG. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain.

Nabumetone 750mg, po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drug Page(s): 72-73, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: While the medical records provided for review indicate a degenerative joint condition with pain, the medical records do not indicate quantity or quality of specific degree of improvement or ongoing functional improvement as result of the medication. Continued use of NSAID is not supported without documentation of specific functional gain. As such the records do not support use of nabumetone congruent with MTUS. Therefore the request is not medically necessary.