

Case Number:	CM15-0128372		
Date Assigned:	07/14/2015	Date of Injury:	03/12/2005
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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: Physical Medicine & Rehabilitation, 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 53 year old female who sustained an industrial injury on 3/12/05. The mechanism of injury was unclear. She currently complains of chronic low back pain with radiation into the right leg to the lateral aspect of the right foot and toes. On physical exam there was diffuse tenderness and spasm in the mid to lower lumbar spine, straight leg raise and Lasegue's were positive on the right, straight leg raise on the left reproduced low back pain. Without sleep medication she sleeps two to three hours per night. Medications were Prilosec, nortriptyline, Ambien, Norco, Topamax, Senna-S, Valium. Diagnoses include lumbago with right leg sciatica; depression; chronic axial lumbar and right leg L5-S1 radicular pain syndrome. Treatments to date include medications; psychological evaluation. Diagnostics included radiographs with mild degenerative changes; MRI of the lumbar spine (2/26/14) showing mild degenerative changes, disc protrusion; MRI of the lumbar spine (9/15/11) similar to 2/26/14 findings. On 6/25/15 Utilization review evaluated requests for Restoril 30 mg # 30 with four refills; Norco 10/325 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30 with 4 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Restoril, CA MTUS does not specifically address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, it appears that this is a new prescription, as Ambien was not being authorized and the patient is only sleeping 2-3 hours per night. However, a prescription with 4 refills is not conducive to regular reevaluation for efficacy and continued need, nor is it consistent with the recommendations of the guidelines for short-term treatment. In light of the above issues, the currently requested Restoril is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.