

<b>Case Number:</b>	CM15-0161728		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 59 year old female who sustained an industrial injury 11-06-12. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar disc displacement, cervical and lumbar disc protrusion, cervical myofascitis, cervical and lumbar radiculopathy, cervical and lumbar sprain-strain, lumbar facet arthropathy and stenosis, bilateral sacroiliac joint sprain, bilateral shoulder bursitis and sprain-strain, left shoulder impingement syndrome, left hand joint pain, status post left hand laceration, right ankle sprain- strain and rule out internal derangement. Medical records (07-09-15) reveal the injured worker complain s of cervical and lumbar spine pain, bilateral shoulder pain, left hand and right ankle pain. Her pain is not rated. The physical exam (07-09-15) reveals diminished range of o of the cervical and lumbar spines, as well as the bilateral shoulders. Tenderness to palpation is noted in the cervical and lumbar spines, bilateral shoulders, left hand and right ankle. Prior treatment includes left shoulder and right foot surgeries, home exercise program, acupuncture, and medications. The original utilization review (07-21-15) non certified the request for Norco 10/324 #60, Zolpidem 10mg #30, a consultation with an interventional pain management specialist for the lumbar spine, and an unspecified lumbar spine injections. The documentation supports that the injured worker has not been on Norco or Zolpidem since at least 03-31-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is documentation that the claimant should have already been completely weaned from this medication. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

**Consultation with an interventional pain management specialist (Lumbar): 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 - Office visits, Evaluation and Management (E&M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Follow up visits.

**Decision rationale:** Guidelines recommend a consultative specialist visit based on review of the patient's concerns signs and symptoms, clinical stability, and reasonable physician judgment. Within the documentation available for review, there is no specific complaints or objective exam findings for which an office follow up visit would be medically necessary. The patient was released to permanent and stationary status for the left shoulder without recommended pain management. The request for a pain medicine specialist visit is not medically appropriate and necessary.

**Lumbar spine injection (type of injection not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural

steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, the request does not specify the type of injection or location. Without further clear and detailed information, the medical necessity of the request cannot be established and is not medically appropriate and necessary.

**Retrospective usage of Zolpidem 10mg #30 (DOS 7/9/15): 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 - Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment of insomnia.

**Decision rationale:** Guidelines recommend short term use of sleep agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7-10 days may indicate a medical or psychiatric illness. In this case, there is no documentation of sleep difficulty or behavioral treatments that have been attempted and response to non-pharmacologic measures. The request for Ambien 10 mg #30 is not medically appropriate and necessary.