

Case Number:	CM15-0173699		
Date Assigned:	09/15/2015	Date of Injury:	11/12/2008
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/03/2015

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 was a 58 year old male, who sustained an industrial injury, November 12, 2008. According to progress note of July 29, 2015, the injured worker's chief complaint was low back pain which was rated at 7 out of 10. The average pain level was 6 out of 10. The pain was characterized as aching and sharp. There was no radiation of the pain. The condition was associated with back pain, joint pain, joint stiffness, limb pain, and numbness tingling of affected limbs. The pain was aggravated by bending backwards, bending forward, bending from side to side, prolonged sitting, prolonged standing, prolonged walking and twisting. Relieving factors were cold or heat therapy, medication and rest. With the current medication regimen, the injured worker's pain symptoms were adequately managed. The injured worker's current medications were occasional Norco, heat therapy, cold therapy, physical therapy. The injured worker's quality of sleep was poor. The physical exam noted restricted range of motion of the lumbar spine. The examination of the paravertebral muscles noted hypertonicity, spasms and tenderness on both sides. The injured worker was able to heel and toe walk. The straight leg raises were positive on the left in the sitting position. The ankle jerk was 2 out of 4 on both sides. The patellar jerk was 2 out of 4 on both sides. There was full motor strength of the bilateral lower extremities. The injured worker was undergoing treatment for disc disorder of the lumbar spine, radiculopathy, shoulder pain, brachial neuritis or radiculitis and cervical disc degeneration. The injured worker previously received the following treatments Occasional Norco since March of 2015, Ambien since March of 2015, cold and heat therapy, physical therapy mildly effective, chiropractic therapy not effective and epidural injections mildly effective. The RFA (request for

authorization) dated August 4, 2015, the following treatments were requested a lumbar spine MRI without contrast and prescription refills for Norco 10-325mg for #120 and Ambien 5mg #30. The UR (utilization review board) denied certification on August 11, 2015: for the lumbar spine MRI without contrast was denied due to lack of documentation of nerve compromise on examination, with strength and sensation were normal, denied as not medically necessary. The prescription refill for Norco was modified to start weaning which was recommended at this time. The prescription for the Ambien was denied due to not recommended for long term use for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no objective evidence of nerve impairment or other red flags that would warrant the use of MRI. The request for lumbar MRI without contrast is determined to not be medically necessary.

120 Norco 10/325mg: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for

a weaning treatment, but to continue treatment. The request for 120 Norco 10/325mg is determined to not be medically necessary.

30 Ambien 5mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker has used this medication in a chronic nature but there is no documentation of better sleep patterns while using the medication. Therefore, the request is not medically necessary.