

Case Number:	CM15-0062859		
Date Assigned:	04/08/2015	Date of Injury:	01/10/2009
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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

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 30 year old female, who sustained an industrial injury on 1/10/2009. She reported low back and left lower extremity pain. The injured worker was diagnosed as having lumbosacral sprain/strain, lumbosacral disc injury, lumbosacral facet arthropathy with status post lumbosacral fusion, lumbosacral radiculopathy; flare up of low back pain, and history of lumbosacral spondylosis. Treatment to date has included medications, functional restoration program, surgery, meditation, Tai-chi, yoga, and exercise. The request is for Ambien and Tylenol #4. She has been utilizing Tylenol #4 along with Norco since at least 11/2014. She reports beneficial effect from the use of Ketoprofen cream. On 3/17/2015, she was seen for low back pain. She is has a positive straight leg raise test on the left. The treatment plan included: Lyrica, Tylenol #4, and Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81, 13-16, 58, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Pain (Chronic), Zolpidem.

Decision rationale: The patient presents with low back pain. The request is for AMBIEN 10MG #30. The RFA is not provided. Physical examinations revealed a positive straight leg raise test on the left. Patient's diagnosis included lumbosacral sprain/strain, lumbosacral disc injury, lumbosacral facet arthropathy with status post lumbosacral fusion, lumbosacral radiculopathy; flare up of low back pain, and history of lumbosacral spondylosis. The reports do not reflect whether or not the patient is working. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In regards to the request for Ambien, treater has exceeded the recommended therapeutic duration. The request for quantity 30 exceeds guidelines which indicate a duration of 7-10 days for this medication. Furthermore, progress notes do not specifically discuss any sleep complaints.

Therefore, the request IS NOT medically necessary.

Tylenol #4, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81, 13-16, 58, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with low back pain. The request is for TYLENOL #4, #90. The RFA is not provided. Physical examinations revealed a positive straight leg raise test on the left. Patient's diagnosis included lumbosacral sprain/strain, lumbosacral disc injury, lumbosacral facet arthropathy with status post lumbosacral fusion, lumbosacral radiculopathy; flare up of low back pain, and history of lumbosacral spondylosis. The reports do not reflect whether or not the patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Tylenol has been prescribed since at least 11/2014. Per the guidelines, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, review of the most recent medical records provided does not indicate how Tylenol reduces pain and significantly improves patient's activities of daily living. The 4A's are not specifically addressed; there are no discussions regarding functional improvements, aberrant drug behavior, ADL's or pain

scales or validated instruments that address analgesia. There are no discussions regarding opioid pain agreement or CURES reports either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.