

Case Number:	CM15-0063046		
Date Assigned:	04/08/2015	Date of Injury:	10/26/2000
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
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, Washington

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 62 year old male who sustained an industrial injury on 10/26/2000. Current diagnoses are cervical radiculopathy and cervical disc disease. In an operative note dated 09/30/14 the treating provider reports a cervical epidural steroid injection was performed. The requested medications include Duragesic, Norco, Flexeril, and Ambien. There was no recent physician progress report submitted for review. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100 mcg/hr patch, ten count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: California MTUS Guidelines state Duragesic transdermal system is not recommended as first line therapy. Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, there was no recent physician progress note submitted for review. There was no evidence of a failure of first line treatment. There was also no frequency listed in the request. As such, the request is not medically necessary.

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no recent physician progress note submitted for review. There is no evidence of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is no evidence of a failure of nonopioid medication. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Ambien 10 mg, twenty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Flexeril 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. There was no recent physical examination provided. There was no evidence of palpable muscle spasm or spasticity upon examination. Guidelines do not support long term use of this medication. There is no frequency listed in the request. Given the above, the request is not medically necessary.