

Case Number:	CM15-0069007		
Date Assigned:	04/16/2015	Date of Injury:	10/10/2002
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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 46 year old female, who sustained an industrial injury on October 10, 2002. The injured worker was diagnosed as having lumbago, displaced lumbar intervertebral disc and lumbar and lumbosacral degenerative disc. Treatment and diagnostic studies to date have included medication. A progress note dated January 15, 2015 provides the injured worker complains of back pain that is improving. She rates her pain as 7/10. Physical exam notes no change in symmetrical gait with lumbar and lumbosacral triggers points. The plan is for medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, sixty count, provided on January 15, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
 Page(s): 67.

Decision rationale: Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the records provided do not provide evidence as to why an intermittently used over the counter NSAID would not be reasonably applicable. The request for Naproxen 550 mg #60 is not medically necessary and appropriate.

Norco 10 mg, sixty count, provided on January 15, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines support short term use of opioids to management acute exacerbations of chronic pain. In this case, the Norco is being utilized for long term treatment and the documentation does not identify acute pain or acute exacerbation of chronic pain. The request for Norco 10 mg #60 is not medically appropriate and necessary.

Ambien 10 mg, sixty count, provided on January 15, 2015: 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).

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

Decision rationale: Guidelines state that zolpidem is approved for short term (2-6 weeks) treatment of insomnia. In this case, the medication is being utilized for long term treatment. The request for Ambien 10 mg #60 is not medically appropriate and necessary.