

Case Number:	CM15-0073689		
Date Assigned:	05/19/2015	Date of Injury:	06/26/2010
Decision Date:	06/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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: California
 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 49-year-old male, who sustained an industrial injury on 6/26/10. Initial complaints were not reviewed. The injured worker was diagnosed as having cervicalgia; lumbago; acquired spondylolisthesis L5 pars defect; status post ALIF/PSIF at L5-S1 hardware related pain L5-S1. Treatment to date has included surgery, medications. Diagnostics included electrodiagnostic report cervical and lumbar (10/24/14); MRI lumbar spine (9/18/14); CT scan lumbar spine (9/18/14). Currently, the PR-2 notes dated 3/13/15 indicated the injured worker complains of pain in the right shoulder and feels a burning sensation. He also notes low back pain with pain levels of 7/10 to 4/10 with medications. He has a surgical history of lumbar fusion and a recent MRI lumbar spine (9/18/14) demonstrates no new stenosis and fusion at L5-S1 is solid. His low back pain is radiating to the left leg. He walks with a cane and has positive straight leg raises with weakness in the left ankle and decreased sensation to the left foot. He is awaiting an internist consult (GI/GU symptoms) and requests a continuation of medications Norco, and Ambien and to discontinue gabapentin due to side effects. The provider is requesting Ambien 10mg #30 and Norco 10/325mg.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has complains of pain in the right shoulder and feels a burning sensation. He also notes low back pain with pain levels of 7/10 to 4/10 with medications. He has a surgical history of lumbar fusion and a recent MRI lumbar spine (9/18/14) demonstrates no new stenosis and fusion at L5-S1 is solid. His low back pain is radiating to the left leg. He walks with a cane and has positive straight leg raises with weakness in the left ankle and decreased sensation to the left foot. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 is not medically necessary.

Norco 10/325mg (unknown prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg (unknown prescription), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has complains of pain in the right shoulder and feels a burning sensation. He also notes low back pain with pain levels of 7/10 to 4/10 with medications. He has a surgical history of lumbar fusion and a recent MRI lumbar spine (9/18/14) demonstrates no new stenosis and fusion at L5-S1 is solid. His low back pain is radiating to the left leg. He walks with a cane and has positive straight leg raises with weakness in the left ankle and decreased sensation to the left foot. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg (unknown prescription) is not medically necessary.

