

Case Number:	CM13-0008450		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2012
Decision Date:	02/28/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, upper extremity pain, and derivative sleep disturbance reportedly associated with an industrial injury of May 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aid; attorney representation; transfer of care to and from various providers in various specialties; a TENS unit; unspecified amounts of physical therapy; and unspecified numbers of epidural steroid injections. In a utilization review report of July 25, 2013, the claims administrator denied a request for Ambien and Norco. The applicant's attorney subsequently appealed. An earlier note of May 22, 2013 is notable for comments that the applicant is off of work, on total temporary disability. She is no longer working as a bank teller. She is on a variety of medications which have reportedly not helped, including Gabapentin, Inderal, Ativan, tramadol, and Motrin. She is having ongoing issues with pain, numbness, and tingling. Topical agents are endorsed. The applicant states that she is on long-term disability owing to her essential tremor. Norco 2.5/325 is introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 the Official Disability Guidelines

Decision rationale: As noted in the Official Disability Guidelines, zolpidem or Ambien is approved in the short-term treatment of insomnia, typically in the order of two to six weeks. It is not recommended in the chronic, long term, and/or scheduled use for which is being proposed here. It is further noted that the attending provider has implied that this and several other medications which the applicant was initially provided were, in fact, ineffective. Therefore, the request is not medically necessary and appropriate.

. Hydrocodone/Acetaminophen 2.5mg/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Guidelines, hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderate-to-severe pain. In this case, the applicant did have multifocal pain complaints on or around the office visit of May 22, 2013. The prescription for Norco 2.5/325 introduced on this state did seemingly represent a first-time prescription for Norco. The applicant was not using Norco before this point in time. A one-month trial of Norco was indicated and appropriate given the applicant's multifocal pain complaints, the failure of other analgesics and classes of analgesics, and the applicant's ongoing complaints of moderate-to-severe multifocal pain. Therefore, the request is medically necessary and appropriate.