

Case Number:	CM13-0012792		
Date Assigned:	10/03/2013	Date of Injury:	11/01/2010
Decision Date:	01/17/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in interventional spine 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 patient is a 67 year old female with a date of injury of 11/01/10. The progress report dated 7/29/13 by [REDACTED] noted that the patient was having a lot of trouble sleeping. Her pain is in the low back and down the legs bilaterally. The patient's diagnoses include: shoulder joint pain; lumbago; lumbar DDD; lumbar facet arthropathy; post laminectomy syndrome; sciatica. A request was made to replace with Ambien 5mg 1-2 tablets every night at bedtime for 30 days #60, no refills. Norco 10/325mg was prescribed for 1 tablet every 3 hours as needed #200 no refills. The progress report dated 9/26/13 noted that the patient presented with severe pain. She reported that she was getting some relief from her medication; she denied any side effects and reports improved function with medication use. The patient was continued on Ambien and Norco. The progress report dated 5/30/13 noted that the patient had been on a high dose of Norco for 2 years, and they helped her to get around and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Zolpidem

Decision rationale: The progress report dated 7/29/13 by [REDACTED] noted that the patient was having a lot of trouble sleeping. Her pain is in the low back and down the legs bilaterally. The patient's diagnoses include: shoulder joint pain; lumbago; lumbar DDD; lumbar facet arthropathy; post laminectomy syndrome; sciatica. A request was made to replace with Ambien 5mg 1-2 tablets every night at bedtime for 30 days #60, no refills. Norco 10/325mg was prescribed for 1 tablet every 3 hours as needed #200 no refills. The progress report dated 9/26/13 noted that the patient presented with severe pain. She reported that she was getting some relief from her medication; she denied any side effects and reports improved function with medication use. The patient was continued on Ambien and Norco. MTUS does not discuss recommendations for Ambien, therefore I reviewed an ODG guideline regarding zolpidem (generic of Ambien), which supports short term use for treatment of insomnia. The records appear to indicate that the patient has been on this medication for long term use, which is not supported by the guidelines. Recommendation is for denial.

Norco 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Opioid use Page(s): 88-89.

Decision rationale: The progress report dated 7/29/13 by [REDACTED] noted that the patient was having a lot of trouble sleeping. Her pain is in the low back and down the legs bilaterally. The patient's diagnoses include: shoulder joint pain; lumbago; lumbar DDD; lumbar facet arthropathy; post laminectomy syndrome; sciatica. A request was made to replace with Ambien 5mg 1-2 tablets every night at bedtime for 30 days #60, no refills. Norco 10/325mg was prescribed for 1 tablet every 3 hours as needed #200 no refills. The progress report dated 9/26/13 noted that the patient presented with severe pain. She reported that she was getting some relief from her medication; she denied any side effects and reports improved function with medication use. The patient was continued on Ambien and Norco. The progress report dated 5/30/13 noted that the patient had been on a high dose of Norco for 2 years and they help her to get around and function. MTUS requires documentation of pain reduction, improved function and quality of life. In this case, the treater has provided general statements regarding "some relief" and "reports improved function." However, MTUS requires specific functioning measures with numerical scale or validated instrument. The treater does not provide before and after medication measures of either pain or functional scale. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this information. Therefore, recommendation is for denial.

