

Case Number:	CM13-0038026		
Date Assigned:	12/18/2013	Date of Injury:	04/07/2003
Decision Date:	02/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported a work-related injury on 04/07/2003. The patient is status post left total hip arthroplasty in 2005, right total hip arthroplasty in 2006, and right knee arthroscopy and partial medial meniscectomy in 2008. The patient complains of persistent low back, bilateral hip, and bilateral knee pain. The patient reported whenever he tried to quit taking medications that he noted increased pain. A retrospective request was made for 1 prescription of Zolpidem 10 mg and 1 prescription of hydrocodone 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic).

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

Decision rationale: Recent clinical documentation stated the patient received a prescription for Zolpidem 10 mg #30 for difficulty sleeping. There was no documentation noted that the patient had signs and symptoms of insomnia or complaints of insomnia or difficulty sleeping. Official

Disability Guidelines indicate that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is approved for the short-term treatment of insomnia, usually 2 to 6 weeks. Guidelines further state that while sleeping pills or so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, they are rarely recommended for long-term use as they can be habit-forming and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Per clinical documentation submitted, the patient started taking Zolpidem in 08/2013. The clinical documentation presented for review does not support the request for Zolpidem. As such, the decision for the retrospective request for 1 prescription of Zolpidem 10 mg #30 is non-certified.

Retrospective request for 1 prescription of Hydrocodone 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: Recent clinical documentation submitted for review stated the patient described his low back and left hip pain as pressure type of pain. He rated his right knee pain as 6/10 and his low back pain was 5/10 to 6/10. His left hip pain was 4/10 which was tolerable. MRI of the lumbar spine revealed no dominant herniated nucleus pulposus, central canal or lateral spinal canal stenosis. Facet arthropathy was seen at L4-5 and L5-S1. California Chronic Pain Medical Treatment Guidelines indicate an ongoing review and documentation of a patient's pain relief, functional status, appropriate medication use, and side effects should be noted for patients taking opioids for pain management. There is a lack of documentation noting the patient's functional benefits or improvements due to the use of hydrocodone. There is no documentation of the patient's side effects, physical and psychosocial functioning, or the occurrence of any potentially aberrant or non-adherent drug-related behaviors or lack thereof. There were no functional benefits noted which could be objectively measured due to the use of hydrocodone. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Therefore, the decision for the retrospective request for 1 prescription of hydrocodone 10/325 mg #120 is non-certified.