

Case Number:	CM13-0040431		
Date Assigned:	12/20/2013	Date of Injury:	01/21/2012
Decision Date:	05/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 52-year-old female airline customer service representative sustained an industrial injury on 1/21/12 when she lifted a 70-pound suitcase with sharp severe pain in her right shoulder. The 9/20/12 cervical spine MRI documented disc bulge with associated facet arthropathy at C3/4, C5/6, and C6/7, with bilateral neuroforaminal narrowing at C3/4 and C5/6. The 9/20/12 lumbar spine MRI documented L2/3, L3/4, L4/5, and L5/S1 disc bulge with facet arthropathy, with bilateral neuroforaminal stenosis at L4/5. The 10/25/12 electrodiagnostic study revealed mild bilateral carpal tunnel syndrome. The 9/25/13 orthopedic progress report cited constant neck pain radiating into both upper extremities to the fingers, right greater than left, with numbness, tingling, and paresthesia. She also reported severe headaches and difficulty sleeping due to pain. Objective findings documented moderate loss of cervical range of motion, mild C6 hypoesthesia, C6/7 weakness, symmetrical deep tendon reflexes, and cervicothoracic tenderness, muscle guarding, and spasms. The diagnosis was cervical spondylosis primarily C4/5 and lesser C6/7 with radiculopathy to right upper extremity. The treatment plan requested surgery, as the patient had failed conservative treatment greater than 6 months. Records indicate the patient had been using diazepam since at least 2/13/13, Norco since at least 10/9/12, and Zolpidem since at least 10/10/12. The 10/15/13 utilization review recommended a weaning of medications with modification to hydrocodone/APAP 10/325 mg #20 with no refills, diazepam 10 mg #20 with no refills, and Zolpidem tart rate 10 mg #10 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM TARTATE 10 MG #30, 2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), ZOLPIDEM (AMBIEN)

Decision rationale: Under consideration are the requests for Zolpidem tart at 10 mg #30, 2 refills. The California MTUS does not make recommendations relative to Ambien (Zolpidem) or insomnia treatment. The Official Disability Guidelines recommend the use of Ambien as first-line medication for the short term (two to six week) treatment of insomnia. Guidelines criteria have not been met. This patient has been using this medication since at least 10/10/12 with no apparent change in sleep difficulty. The 10/15/13 utilization review recommended this request be certified with modification to Zolpidem tart at 10 mg #10 with no refills. There is no compelling reason presented to support the medical necessity of medication beyond that previously allowed, in the absence of specific documented benefit and guidelines support for long term use. Therefore, these request for Zolpidem tart at 10 mg #30, 2 refills are not medically necessary.

HYDROCODONE/APAP 10/325 #60, 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: Under consideration is a request for hydrocodone/APAP 10/325 #60, 2 refills. The California MTUS guidelines support the use of hydrocodone/APAP (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guidelines criteria have not been met. This patient has been using this medication since at least 10/9/12 with pain reduction limited to a few hours and no overall improvement in function. The 10/15/13 utilization review recommended this request be certified with modification to hydrocodone/APAP 10/325 #20 with no refills. There is no compelling reason presented to support the medical necessity of medication beyond that previously allowed, in the absence of specific documented functional benefit. Therefore, this request for hydrocodone/APAP 10/325 #60 with 2 refills is not medically necessary.

DIAZEPAM 10 MG, #60 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: Under consideration is a request for diazepam 10 mg, #60, 2 refills. The California MTUS indicates that anti-spasticity drugs, including benzodiazepines such as Valium, are used to decrease spasticity in conditions such as cerebral palsy, muscular sclerosis, and spinal cord injuries (upper motor neuron syndromes). Guidelines do not recommend the long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Guidelines limit their use to 4 weeks and indicate that they are the treatment of choice in very few conditions. Guidelines criteria have not been met. Records suggest that this patient has been using diazepam since at least January 2013 with no clear indication for use or associated benefit. The 10/15/13 utilization review recommended this request be certified with modification to diazepam 10 mg, #20 with no refills. There is no compelling reason presented to support the medical necessity of this medication beyond that previously allowed. Therefore, this request for diazepam 10 mg, #60, 2 refills is not medically necessary.