

Case Number:	CM13-0042340		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2011
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Psychiatry, 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:

This case involves a 51-year-old female, who was injured on 06-30-11. She has had surgery and has extensive pain. She has been treated with opiates and Ambien. The patient has not returned to work. Her medications have included zolpidem, MS Contin and Norco. Other meds have included Relafen, reglan and Flexeril. A trial of Lunesta was done. The patient has had persistent right knee pain, left shoulder pain, and neck pain. The issue at hand is the medical necessity of Ambien, Norco and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Guidelines indicate that failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury, with the

most common example being pain secondary to cancer). The records provided show no evidence of an attempt to wean the opiate regimen. Continued treatment with MS Contin 15mg #30 as requested is not medically necessary.

Norco 10/325mg #60 (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Guidelines indicate that failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury, with the most common example being pain secondary to cancer). The records provided show no evidence of an attempt to wean the opiate regimen. Continued treatment with Norco 10/325mg #60 as requested is not medically necessary.

Ambien 5mg #30 (dispensed): 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), Treatment Index, 11th Edition (web), 2013, Pain, Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines recommend that insomnia treatment be based on the etiology. The guidelines also indicate that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The guidelines state that zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). This patient has been on zolpidem far longer than six weeks, and sleep problems have persisted. Guidelines recommend against treatment with zolpidem (Ambien) for longer than 4-6 weeks; as such it is not medically necessary.