MAXIMUS Federal Services

Case Number:	CM13-0055791		
Date Assigned:	12/30/2013	Date of Injury:	06/15/2010
Decision Date:	03/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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 physician 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 low back pain, chronic pain syndrome, and umbilical hernia, chronic neck pain, and chronic headaches reportedly associated with an industrial injury of June 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, including long-acting opioids; attorney representation; transfer of care to and from various providers in various specialties; and sleep aids. In a Utilization Review Report of October 22, 2013, the claims administrator partially certified Norco and Ambien, reportedly for weaning purposes. The applicant's attorney subsequently appealed. An earlier note of November 12, 2012 is notable for comments that the applicant has had no change in symptoms and remains off of work, on total temporary disability. On August 14, 2013, the applicant was described as presenting with severe pain with associated insomnia. The applicant also reported increase in the frequency of migraines. The applicant did exhibit tenderness about the lumbar spine with intact neurologic function about lower extremities. The applicant is given diagnosis of lumbar disk disease, fatigue, migraines. Ambien was seemingly endorsed. A later note of September 4, 2013, also handwritten, not entirely legible, is notable for comments that the applicant should remain off of work, on total temporary disability. An earlier note of July 8, 2013 is, also handwritten, not entirely legible, is again notable for comments that the applicant should remain off of work "indefinitely."

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 387-413. Decision based on Non-MTUS Citation - ODG- www.odg-twc.com , Pain (chronic) Chapter, Neck/Upper Back Chapter, Low Back-Lumbar&Thoracic Chapter, and Mental Illness & Stress Chapter Other Evidence Based Medical Guidelines Referenced : - Http://www.medbd.ca.gov/pain_guidelines.html - Institute For C

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. Despite using Norco, an opioid, chronically, the applicant had seemingly failed to exhibit any of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant remains off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened. There is no evidence of improved function in terms of non-work activities of daily living despite ongoing opioid therapy. For all of the stated reasons, then, the request for Hydrocodone/Acetaminophen 10/325mg #120 is not medically necessary and appropriate.

Zolpidem Tartrate ER 12.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): 387-413,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation - ODG- www.odg-twc.com , Pain (chronic) Chapter, Neck/Upper Back Chapter, Low Back-Lumbar&Thoracic Chapter, and Mental Illness & Stress Chapter. Other Evidence Based Medical Guidelines Referenced : - Http://www.medbd.ca.gov/pain_guidelines.html - Institute For

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, zolpidem topic and MTUS 9792.20f

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, zolpidem topic, zolpidem or Ambien is indicated in the short-term (two to six weeks) management of insomnia. Zolpidem or Ambien is not indicated for chronic, long-term, and/or sustained use purposes. In this case, the attending provider has not furnished any compelling rationale or narrative to the request for authorization so as to try and offset the unfavorable ODG recommendation. It is further noted that the applicant's continuing to remain off of work, on total temporary disability, implies a lack of functional improvement despite ongoing zolpidem

usage. Continuing the same, on balance, is not indicated, for all of the stated reasons. Therefore, the request for Zolpidem Tartrate ER 12.5mg #30 is not medically necessary and appropriate.