

Case Number:	CM14-0007062		
Date Assigned:	02/07/2014	Date of Injury:	05/03/2000
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/18/2014

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 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 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 53-year-old female who has submitted a claim for Degenerative Disc Disease and Spondylosis of the Cervical and Lumbar Spine associated with Bilateral Upper Extremity Radiculitis, Right Shoulder Subacromial Impingement Syndrome and Rotator Cuff Tendinitis, Left Hip Greater Trochanteric Bursitis, and Left Knee Medial Compartment Arthritis, associated with an industrial injury date of May 3, 2000. Medical records from 2013 were reviewed, which showed that the patient complained of neck pain radiating to both arms associated with numbness, tingling and loss of grip strength. The patient also reported bilateral shoulder pain radiating to the right biceps, associated with difficulty with overhead use and locking of the right shoulder. She also complained of low back pain radiating to both legs associated with numbness and tingling. The patient also reported left hip pain radiating to the left groin. She also had left knee pain radiating to the shin with popping, clicking, and giving way of the knee. On physical examination, there was limited range of motion of the cervical spine in all planes with tenderness over the spinous processes, paraspinous muscles, and trapezius muscles. Examination of the bilateral shoulders revealed limited range of motion with tenderness of the acromioclavicular joint and shoulder capsule. Impingement test was positive. Rotator cuff muscles exhibited weakness. Treatment to date has included medications; Norco 10/325 mg (since December 2013), Xanax 2mg (since December 2013), and Ambien CR (since December 2013). Utilization review from January 2, 2014 modified the request for Norco 10/325 mg #200 with five (5) refills to Norco 10/325 mg #30 for tapering purposes. The same review denied the request for Xanax 2 mg #100 with five (5) refills because guidelines recommend against the long-term use of benzodiazepines, and Ambien CR #60 because there was no documentation of chronic insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #200 4-6HRS PRN REFILLS 05: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: According to the Chronic Pain Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was being prescribed since at least December 2013; however, given the 2000 date of injury, the exact duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not reflect continued analgesia or functional benefit. Therefore, the request for Norco 10/325 #200 4-6Hrs as needed (PRN) Refills 05 is not medically necessary.

XANAX 2MG #100 QID PRN REFILLS 05: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: According to the Chronic Pain Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to four (4) weeks. In this case, Xanax was being prescribed since December 2013, which is clearly beyond the recommended duration of use. Furthermore, there was no documentation of continued functional benefit. There is no clear rationale for continued use of benzodiazepines; therefore, the request for Xanax 2mg #100 four times-a-day (QID) as needed (PRN) Refill 05 is not medically necessary.

AMBIEN CR 12.5MG #30 REFILLS 05: 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).

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: The Official Disability Guidelines states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, Ambien was being prescribed since December 2013, which is clearly beyond the recommended duration of use. Furthermore, there was no documentation of on-going functional benefits. The medical records also failed to provide evidence of current sleep difficulties. There is no clear rationale for continued use of Ambien; therefore, the request for Ambien CR 12.5mg #30 Refills 05 is not medically necessary.