

Case Number:	CM14-0007231		
Date Assigned:	02/12/2014	Date of Injury:	03/16/2008
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/20/2014

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 Orthopedic Surgery and is licensed to practice in Maryland. 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 injured worker is a 63-year-old female who sustained an injury on March 16, 2008 when she slipped and fell. The injured worker has been followed for ongoing chronic left shoulder, knee, and low back pain. Medications have included Ultram 15mg one to two tablets every four to six hours as needed for pain, Norco 10/325mg one to two tablets every four to six hours for pain, and Ambien 10mg once daily. The injured worker had difficulty discontinuing medications due to increasing pain. The injured worker described nausea due to severe pain. The clinical record on October 17, 2013 noted a loss of range of motion in the left shoulder with tenderness over the subacromial space. There was crepitation in the subacromial area. At the left knee tenderness to palpation continued over the medial and lateral aspects. Range of motion was reduced in bilateral knees slightly worse the right side. The injured worker also demonstrated paralumbar spasms with tenderness to palpation and loss of lumbar range of motion. Medications were continued at this visit. Follow up on December 05, 2013 noted continuing complaints of low back shoulder and knee pain. Physical examination findings were essentially unchanged at this evaluation. The requests for Norco 10mg quantity 40 with three refills, Ultram 50mg quantity 60 with three refills, and Ambien 10mg quantity 30 with three refills were denied by utilization review on December 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10MG, #40 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE, Page(s): 88-89.

Decision rationale: In regards to the use of Norco, this medication is not medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. The injured worker has had persistent pain in the shoulders, low back, and knees without any noted substantial improvement with ongoing medications. The injured worker has noted that she is unable to discontinue medications but reports persistent and severe pain. There is no indication from the clinical records that Norco is providing any substantial functional improvement or pain reduction as recommended by guidelines. As current evidence-based guidelines do not recommend long-term use of short acting narcotic agents such as Norco, and there is limited evidence regarding its efficacy in this case. Therefore, the request is not medically necessary at this time.

ULTRAM 50MG, #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the use of Ultram this medication is not medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. The injured worker has had persistent pain in the shoulders, low back, and knees without any noted substantial improvement with ongoing medications. The injured worker has noted that she is unable to discontinue medications but reports persistent and severe pain. There is no indication from the clinical records that Ultram is providing any substantial functional improvement or pain reduction as recommended by guidelines. As current evidence based guidelines do not recommend long term use of short acting narcotic agents such as Ultram, and there is limited evidence regarding its efficacy in this case Therefore, the request is not medically necessary at this time.

AMBIEN 10MG, #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA- Ambien (Zolpidem Tartrate) - Insomnia and ODG, Pain Chapter

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: In regards to the use of Ambien this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. Therefore, the request is not medically necessary at this time.