

Case Number:	CM14-0102775		
Date Assigned:	07/30/2014	Date of Injury:	05/21/2009
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 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:

Injured worker is a 42-year-old male with date of injury 5/21/2009. Date of the UR decision was 6/18/2014. She suffers from right foot drop, peroneal neuropathy, back pain status post a work related injury. Psychiatrist progress report dated 5/29/2014 stated that he reported being depressed most of the time and had occasional bouts of anxiety. He was sleeping 5-6 hours with the medication. His hopelessness and energy had improved per the report. He was diagnosed with Major Depressive Disorder and was being prescribed Cymbalta 60 mg daily, Klonopin 0.5 mg twice daily as needed and Ambien 10 mg as needed for insomnia. Progress Report dated 6/19/2014 suggested that it was a follow up evaluation for persistent back pain, right knee and right ankle pain. His who right lower extremity had been affected and he suffered from right peroneal neuropathy from the initial injury. He suffered from right foot drop and had to wear a brace for it. He had been taking Norco which brought the pain level down from 8 to 4 His random urine drug screen on 4/24/2014 was consistent and was prescribed Norco 10/325 six a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: 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, 12th Edition (web), 2014, 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) <Mental & Stress>, <Insomnia treatment >.

Decision rationale: Per ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, and Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Thus, request for Ambien 10mg #30 is not medically necessary. Ambien is recommended as a short term treatment for insomnia. The request for ongoing use of Ambien is not medically indicated. Thus, request for Ambien 10mg #30 is not medically necessary.

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA/MTUS, 2009 Chronic Pain; Opioids for chronic pain Page(s): 80 - 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Hydrocodone/Acetaminophen, Weaning of Medications >, page(s) <91, 124> Page(s): 91,124.

Decision rationale: MTUS states Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; MargesicH, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. Opioids: for Opioids a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Upon review of the submitted documentation, there is no mention of gradual weaning of medications. High doses of opiates are not recommended for long term use. The request for Norco 10/325mg #360 is not medically necessary.