

Case Number:	CM14-0108071		
Date Assigned:	08/01/2014	Date of Injury:	06/20/2013
Decision Date:	11/05/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 59-year-old female who reported an injury on 06/20/2013. The mechanism of injury was not provided. Diagnoses include degenerative lumbar condition with multilevel disc disease, facet arthropathy a radicular component in the left lower extremity, bilateral hip joint inflammation, weight loss, sleep issues, and episodic hypertension. Prior treatments included physical therapy, chiropractic therapy, and medications. Diagnostic studies were not provided. Surgical history was not provided. On 07/21/2014, the patient was seen for pain of hip, low back, and left forearm. The pain across the low back had muscle spasm, stiffness, and tightness. She also had pain of the neck into the shoulders. She was taking Vicodin for pain and Ambien for sleep. Although she felt tired, she had difficulty falling asleep and staying asleep a nighttime. She was taking her Remeron. The injured worker had also tried Trazodone and Lunesta without significant pain relief, (which is an error in the last report and stated that Ambien which gives her good sleep with relief). She is not taking any other medication that caused sedation and was cautious when taking her medications as well as sleep medication. She had no recent therapy. She had access to back brace, hot and cool wraps, and TENS unit. Upon examination, there was tenderness across the lumbar paraspinal muscles. The treatment plan was to request chiropractor for 12 sessions and refill Vicodin and Ambien. Treatment rationale; the plan is a prescription short acting non-sedating diazepam hypnotic which is approved for short term usage 2 to 6 weeks treatment of insomnia. Proper sleep hygiene is critical to an individual with chronic pain and is often hard to obtain. The request is for Ambien 12.5 mg #30 and Vicodin 7.5/300 mg #60. The rationale for Vicodin was provided above. The Request for Authorization was dated 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #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), Pain (Chronic)

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

Decision rationale: The patient has a history of neck, shoulder, and back pain. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 more than opioid pain relievers. The injured worker is currently taking 12.5 mg. The patient was initially on Ambien 6.5 mg on 03/13/2014. There is a lack of medical records to the explanation of why the dose was increased on or before 05/09/2014. Due to the adverse effects, the FDA now requires lower doses for zolpidem. The dose for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. The injured worker had tried numerous other sleep medications and received relief which provided relief. There is no support for continuing with Ambien at the dose that is not recommended. As such, the request is not medically necessary.

Vicodin 7.5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids, criteria for use Page(s): 51, 78.

Decision rationale: The injured worker has a history of neck, shoulder and low back pain. This The CA MTUS guidelines state hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors.) There is a lack of documentation as to the pain reduce side effects, physical and psychosocial functioning. Pain relief and the occurrence of any potential drug related behavior. It is also suggested a urine drug screening being provided with

the use of opioids. There is a lack of documentation of the last urine drug screen. There is lack of documentation of the frequency within the request. As such, the request is not medically necessary.