

Case Number:	CM14-0108146		
Date Assigned:	08/01/2014	Date of Injury:	09/07/2004
Decision Date:	10/24/2014	UR Denial Date:	07/02/2014
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 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:

This 66 year old patient had a date of injury on 9/7/2004 . The mechanism of injury was not noted. In a progress noted dated 6/4/2014, the patient is taking Norco on average 4/day which helps tremendously. Her physical therapy has been helpful, and Ambien and Restoril help her tremendously for sleep. On a physical exam dated 6/4/2014, she can flex forward and abduct the right upper extremity to about 100 and 110 degrees before it locks up in pain. The diagnostic impression shows low back pain with radiculitis and neck pain. Treatment to date: medication therapy, behavioral modification, physical therapy, epidural steroid injection A UR decision dated 7/2/2014 approved the request for Norco 10/325 #240, stating the MED is within guidelines to be used for chronic pain. Ambien 5mg #60 was denied, stating long term use is not recommended, as there is an increased risk of respiratory depression that can occur. Restoril 30mg #60 was denied, stating that benzodiazepines are not recommended in patients taking concurrent opioids, and long term use is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Actions Page(s): 79-80.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, in the 6/4/2014 progress report, there was no objective evidence of functional improvement noted as compared to the previous visit. Furthermore, urine drug screens were not provided for review. Therefore, the request for Norco 10/325 #240 was not medically necessary.

Ambien 5mg #60: 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 Chapter: FDA (Ambien) <http://www.drugs.com/pro/ambien.html> Official Disability Guidelines (ODG), Ambien (zolpidem)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in a 6/4/2014 progress report, this patient is also documented to be on concurrent Restoril, and there was no clear rationale provided regarding the medical necessity of Restoril in addition to Ambien. Furthermore, guidelines do not support long term use, and this patient has been on Ambien since at least 2/11/2014. Therefore, the request for Ambien 5mg #60 was not medically necessary.

Restoril 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, in the 6/4/2014 progress report, this patient is also documented to be on concurrent Ambien, and there was no clear rationale provided regarding the medical necessity of Ambien in addition to Restoril for sleep. Furthermore, guidelines do not support long term use, and this patient has been on Restoril since at least 2/11/2014. Therefore, the request for Restoril 30mg #60 was not medically necessary.

