MAXIMUS Federal Services

Case Number:	CM14-0013244		
Date Assigned:	02/26/2014	Date of Injury:	01/18/2010
Decision Date:	08/22/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old female who has submitted a claim for cervical radiculopathy, lumbar disc derangement, lumbar radiculopathy, and status post left shoulder rotator cuff repair and bilateral carpal tunnel release associated with an industrial injury date of January 18, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of worsening lower back pain and shooting sensation down the lower extremities. Physical examination of the lumbar spine showed moderate tenderness over the paraspinal muscles and bilateral gluteus region, restricted ROM (range of motion), and positive SLR (straight leg raise) bilaterally at 40-50 degrees. Treatment to date has included NSAIDs, opioids, muscle relaxants, narcotics, topical analgesics, physical therapy, cervical epidural steroid injection, and surgeries. Utilization review from January 15, 2014 denied the requests for retro Ambien 10MG, #30 and retro Norco 10/325MG, #120. Reasons for denial were not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO AMBIEN 10MG #30: Upheld

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

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, Ambien.

Decision rationale: The CA MTUS does not specifically address Ambien. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine 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. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient was prescribed Ambien as early as May 30, 2013. However, recent progress notes did not document any sleeping difficulties, alterations, or disorders. In addition, the patient has been taking this medication beyond the recommended 6 weeks. Lastly, there were no reported benefits from intake of this medication. Therefore, the request for retro Ambien 10mg, #30 is not medically necessary.

RETRO NORCO 10/325MG #120: Upheld

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

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

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Norco as early as May 30, 2013. The patient complained of persistent neck and lower back pain. However, recent progress notes reported worsening neck and lower back symptoms. There were no reports of functional gains attributed to this medication. In addition, a urine drug screen from July 11, 2013 showed inconsistent results. Therefore, the request for retro Norco 10/325MG, #120 is not medically necessary.