

Case Number:	CM14-0019564		
Date Assigned:	04/23/2014	Date of Injury:	02/14/2005
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/17/2014

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 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:

According to the records made available for review, this is a 62-year-old male with a 2/14/05 date of injury. At the time (1/30/14) of request for authorization for Ambien 10mg #30 with 3 refills and Norco 5/325mg #50, there is documentation of subjective (5/10 pain with medications helping migrate the pain, improve function, and no side effects) and objective (no pertinent findings) findings, current diagnoses (lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica), and treatment to date (medications (including ongoing treatment with Ambien and Norco)). Regarding Ambien 10mg #30 with 3 refills, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks). Regarding Norco 5/325mg #50, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and appropriate medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of there is documentation of diagnoses of lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. In addition, there is documentation of ongoing treatment with Ambien and that medications help migrate the pain, improve function, and no side effects. However, there is no documentation of insomnia. In addition, given documentation of records reflecting ongoing treatment with Ambien, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 with 3 refills is not medically necessary.

NORCO 5/325MG #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, and sciatica. In addition, there is documentation of ongoing treatment with Norco and that medications help migrate the pain, improve function, and no side effects. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and appropriate medication use. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg #50 is not medically necessary.

