

Case Number:	CM14-0111600		
Date Assigned:	09/18/2014	Date of Injury:	02/21/1992
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 2/21/92. A utilization review determination dated 7/15/14 recommends non-certification of Ambien. Norco was modified from #360 to #120. 7/17/14 medical report identifies pain in the back, feet, and shoulders. Pain radiates to both legs. Ambien and Norco were said to be "cut off" and it was noted that he only uses one (presumably Norco) per day. This was also noted to account for elevated pain score on that day. He uses Ambien once per week and gets a more restful sleep. He gets a good response to Norco and it will decrease pain from 9/10 to 3/10 and allow him to, for example, go out to dinner with his wife. He only uses MSER at night to help him be more comfortable before going to bed. He is able to maintain activities on current analgesics without aberrant drug behavior or new side effects. He has a signed pain agreement and has been compliant. No abnormal exam findings were noted. Recommendations included Norco, trial of Lunesta instead of Ambien, continue MSER, and a urine drug screen on return.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg quantity 360.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider has noted significant pain relief and functional improvement with the medication along with the absence of aberrant behaviors or intolerable side effects. He notes that the patient also takes MSER and typically only uses 1 Norco per day. Given all of the above, it does appear that ongoing use of Norco is appropriate; however, as the patient is utilizing approximately 1 tablet per day and the current request is for #360, this amount of medication is not conducive to regular reevaluation as recommended by the CA MTUS and outline above. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow for an appropriate amount of medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Ambien 10 mg quantity 90.00: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain, Sleep Medication

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, it is noted that the Ambien is not being used for short-term use as recommended by guidelines. In light of the above issues, the currently requested zolpidem (Ambien) is not medically necessary.