MAXIMUS Federal Services

Case Number:	CM14-0115938		
Date Assigned:	08/04/2014	Date of Injury:	01/29/2003
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 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:

The patient is a 54 year old male who was injured on 01/29/2003. The mechanism of injury is unknown. Toxicology reported dated 04/17/2014 tested positive for ethanol and ethyl glucoronide, opioids (hydrocodone, norhydrocodone); acetaminophen, carisoprodol, and meprobamate. Reported prescribed medications included Norco, Soma, Ambien, Prilosec, and Glucosamine.Progress report dated 06/05/2014 states the patient presented with complaints of right shoulder, right foot and right knee pain. He stated his pain has increased and describes it as sharp. He also reported bilateral foot pain. On exam, there is right shoulder and arm weakness and stiffness. The lumbar area revealed weakness, stiffness and muscle spasm. He is diagnosed with cervical spine sprain/strain syndrome and right knee joint arthropathy. The patient was prescribed Ambien 10 mg as a sleep aid, Norco 7.5/325 and Urine drug screen.Prior utilization review dated 07/03/2014 states the request for Norco 7.5/325 MG # 120, 2 refills is denied as it is not warranted; Ambien 10 MG # 30, 2 refills is denied as medical necessity has not been established; and 1 Urine drug screen is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG # 120, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 74.

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

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no evidence of significant improvement in pain level (i.e.VAS) or function with prior use to demonstrate the efficacy of this medication. Therefore, Norco 7.5/325 MG # 120, 2 refills is not medically necessary.

Ambien 10 MG # 30, 2 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, short acting non-benzodiazapine

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: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) 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." Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Furthermore, there is no documentation of any significant improvement in sleep with prior use. Thus, the request Ambien 10 MG # 30, 2 refills is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, URINE DRUG SCREEN (UDT)

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance

with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and is taking opioids chronically. The urine drug screening is appropriate for patients taking opioids; however, this patient had prior urine drug screen done on 4/17/2014, which was consistent with prescribed medications. There is no documentation of non-compliance or addiction / aberrant behavior. Thus, the request for 1 Urine drug screen is not medically necessary.