

Case Number:	CM14-0135992		
Date Assigned:	09/03/2014	Date of Injury:	03/29/2011
Decision Date:	10/17/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 patient is a 64 year old female with date of injury of 3/29/2011. A review of the medical records indicate that the patient is undergoing treatment for low back pain, lumbar degenerative disc disease, lumbar post-laminectomy syndrome, lumbar radiculopathy, myalgia, numbness, and chronic pain. Subjective complaints include aching in the low back and right leg with burning pain occasionally into the right leg; numbness in the right leg; pain is worse with prolonged activity; pain is better with medications (although, patient also reports that Norco and tramadol are not helping as much as they used to)(5/21/2014). Pain rated at 9/10 (6/21/2014 and 7/31/2014) without medications and 5/10 (7/31/2014) 5-6/10 (6/21/2014) with medications. Physician's report dated 7/20/2014 states that the patient experience functional improvement after starting Zohydro 10mg 2/day. Objective findings include tenderness over the lumbar paraspinals; limited range of motion with flexion and extension noted. Straight leg raise positive on the right (7/31/2014). Treating physicians does not document Epworth sleepiness scale or other comparable objective findings for insomnia. From physician's notes dated 5/1/2014, medications included tramadol 150mg ER Cap 300mg daily, Norco 10mg/325mg tab 2/day as needed, Lunesta 3mg 1 at bed time, Flexeril 7.5mg 2/day as needed for muscle spasms, Zithromax z-pak 250mg, Norvasc 10mg tablet 1/day, Medrol, Pak 4mg tab, Proventil HFA, Ventolin HFA 108 (90 base) MCG/ACT inhaler 1-2 puffs every 4-6 hours as needed, Flonase 50mcg nasal susp, 2 to each nostril/day, Estratest H.S. 0.625mg/1.25mg tab 1/day, Transderm-scop 1.5mg apply 1 patch to clean dry area every 72 hrs, Lotrimin AF 1% cream, 1 application to affected area 2/day, Bactrim DS 800 mg/160mg tab 2/day, Celebrex 200mg 1/day as an anti-inflammatory, Singulair 10mg 1/day, Restoril 15mg at bed time. Ambien 10mg #30 1 at bedtime as needed prescribed on 5/21/2014 The utilization review dated 7/22/2014 recommended the following:-Partially approved Norco 10/325mg #90 to Norco 10/325 #30 for

weaning purposes. Denied Ambien 10mg tablet #30, Refills: 2; take 1 tablet by mouth at bedtime as needed because the usage time for this amount exceeds the short-term ODG treatment guidelines of 7-10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document pain level without medication and improved pain with medication, but the patient reports that the medication does not help as much as before. This is a possible indication of tolerance. The medical documents do not detail what functions are actually improved with this medication. The utilization reviewer modified the request from Norco 10/325mg #90 to Norco 10/325 #30 for weaning purposes, which is appropriate. As such, the request for Norco 10/325mg #90 is not medically necessary.

Ambien 10mg tablet #30 refills 2: take 1 tablet by mouth at bedtime as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2013, Chronic pain Chapter, Insomnia Treatment

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, Zolpidem, insomnia treatment

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication as early as June 2014. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime;

(c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. Physician's report from 7/20/2014 does mention that the patient has experienced better sleep since beginning the use of Zohydro, but additional details regarding are lacking. The request for thirty pills with two refills would equal 90 days of ambien without any interim evaluation or followup, which is in excess of guidelines for short term treatment. As such, the request for Ambien 10mg tablet #30 refills 2: take 1 tablet by mouth at bedtime as needed is not medically necessary as written.