

Case Number:	CM14-0156322		
Date Assigned:	09/25/2014	Date of Injury:	07/30/2004
Decision Date:	12/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

Injured worker (IW) sustained an industrial injury to multiple body areas on 07/30/04. AME reported for dates of exam 1/27/12 and 12/03/12 stated that IW reported development of symptoms to the upper back, low back and bilateral shoulders as well as carpal tunnel syndrome of both wrists over time as the result of her regular job duties. She is s/p bilateral carpal tunnel releases and trigger finger releases, as well as knee replacement surgery. No recent surgery is documented. She has been maintained on Norco (hydrocodone/APAP) for several years. 02/14/14 AME report documented history of multiple urine drug screens which were negative for prescribed hydrocodone and alprazolam, as well as history of polysubstance abuse. Per primary treating physician (PTP) office notes, IW reports that Norco helps to relieve her symptoms and allows her to perform activities of daily living (ADLs). Amount of pain relief and specific activities improved with medications were not described, She is not currently working. 12/04/12 ADL questionnaire completed by claimant stated that she was impaired in most ADLs. Longstanding sleep complaints due to pain are documented. Ambien has been prescribed since at least 06/18/14, but response to this medication is not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain Page(s): 78-81.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Based upon documented history of multiple urine drug screens consistent with noncompliance, lack of documented evaluation of addiction risk, and insufficient documented information concerning specific symptomatic and functional improvement with use of Norco, medical necessity is not established for the requested Norco per MTUS recommendations.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem

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 (Ambien®); Insomnia treatment

Decision rationale: Concerning insomnia treatment, ODG states: "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A previous sleep evaluation is not documented. Nonpharmacological treatments for insomnia including sleep hygiene measures are not documented. Response to zolpidem is not documented. ODG recommends zolpidem for short-term (7-10 days) use only, and medical necessity is not established for continuation of zolpidem on a long-term basis in this case.