

Case Number:	CM14-0158158		
Date Assigned:	10/23/2014	Date of Injury:	11/12/1998
Decision Date:	11/21/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 70-year-old male with a date of injury of November 12, 1998. His diagnoses include lumbago, degeneration of the lumbar intervertebral disc, and lumbar spondylosis without myelopathy. He has had two previous back surgeries. He complains of low back pain primarily but also has disrupted sleep as a result of pain. The physical exam reveals tenderness to palpation of the lumbar spinous processes and also the myofascial regions of the lumbar spine. The range of motion exam shows variable ranges in terms of flexibility with regard to flexion. The injured worker has been on a variety of opioid pain medications through the years, but the daily morphine equivalent dosages have generally been in excess of 240 mg. He has attended a functional restoration program. Recent clinic notes state that he has been weaned down to 30 mg of methadone daily and Norco 10/325 mg, #60 each month. It is said that with his pain medication that pain levels between 2-4/10 and a 9/10 without the medication. The pain ranges given numerically were not parsed out between methadone and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG) Pain (Chronic) 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, Zolpidem (Ambien)

Decision rationale: Zolpidem 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. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this instance, Ambien has been prescribed continuously since at least 3-20-2014. This time span clearly exceeds the recommendations suggested by the referenced guidelines. Therefore, Ambien 10mg, #30 is not medically necessary.

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The referenced guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. There are other guidelines to consider, and actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. In this instance, it is understood that the injured worker has been taking high dose opioids chronically and likely has a large degree of tolerance. However, the total daily morphine equivalent dose exceeds 200 mg a day when the methadone and Norco are combined. The notes provided for review span several years and do not include any from a pain management physician. Therefore, Norco 10/325mg, #60 is not medically necessary. Referral to a pain management specialist is recommended.