

Case Number:	CM14-0168651		
Date Assigned:	11/04/2014	Date of Injury:	07/03/1996
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 Interventional Spine 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 52-year-old female with date of injury of 07/03/1996. The listed diagnoses per [REDACTED] from 09/25/2014 are: 1. Chronic neck pain 2. Chronic pain syndrome status post work injury According to the 07/24/2014 report, the patient complains of chronic neck pain. The patient is status post cervical laminectomy, date unknown, with no relief. She rates her pain with medication 4/10 and without medication 8 to 9/10. Her list of medications includes Opana ER, Norco, Neurontin, Orphenadrine, Ambien, and Lidoderm patches. She complains of dizziness due to medication use. The examination shows motor exam power is 5/5 in the upper and lower extremities. Tone is normal. No atrophy or fasciculations. Reflexes are +1, bilateral and symmetrical. Plantars are downgoing. Sensory exam is normal to pinprick, vibration and double sensory stimulation. Gait is normal. There is restricted movement in the cervical spine. The documents include UDS from 04/10/2014 and progress reports from 06/05/2014 to 09/25/2014. The utilization review denied the request on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS; On-Going Management Page(s): 88,89;78.

Decision rationale: The patient presents with chronic neck pain. The patient is status post cervical laminectomy, date of which is unknown. The physician is requesting Norco 10/325 mg Quantity 120 with Two Refills. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also required documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work and duration of pain relief. The record shows that the patient was prescribed Norco on 06/05/2014. The 07/24/2014 report notes that the patients pain level with medication is 4/10 and without medication 8 to 9/10. She does report dizziness with medication use. The urine drug screen from 04/10/2014 shows consistent results with prescribed medications. The physician provides pain scales, but ADL documentation is inadequate. There is no discussion of quality of life changes, no discussions regarding "pain assessment" or outcome measures. There are only UDS's are discussed, but no CURES and other opiate management issues are addressed. Therefore, Norco 10/325mg #120 with two refills is not medically necessary.

Opana ER 20mg #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids Page(s): 74-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS; On-Going Management Page(s): 78, 88, 89.

Decision rationale: The patient presents with chronic neck pain. The patient is status post cervical laminectomy, date of which is unknown. The physician is requesting Opana 20 mg Quantity 60 with Two Refills. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also required documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work and duration of pain relief. The record shows that the patient was prescribed Norco on 06/05/2014. The 07/24/2014 report notes that the patients pain level with medication is 4/10 and without medication 8 to 9/10. She does report dizziness with medication use. The urine drug screen from 04/10/2014 shows consistent results with prescribed medications. The physician provides pain scales, but ADL documentation is inadequate. There is no discussion of quality of life changes, no discussions regarding "pain assessment" or outcome measures. There are only UDS's are discussed, but no CURES and other opiate management issues are addressed. Therefore, Opana ER 20mg #60 with two refills is not medically necessary.

Ambien 10mg #30 with two 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 (ODG), Web Version, Pain, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter on zolpidem

Decision rationale: This patient presents with chronic neck pain. The physician is requesting Ambien 10 mg Quantity 30 with Two Refills. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines under the Mental Illness and Stress chapter on Zolpidem states that it is indicated for short-term treatments of insomnia with difficulty of sleep onset for 7 to 10 days. The record shows that the patient was prescribed Ambien on 06/05/2014. ODG guidelines do not support the long-term use of Ambien. Therefore, Ambien 10mg #30 with two refills is not medically necessary.