

Case Number:	CM14-0173336		
Date Assigned:	10/24/2014	Date of Injury:	08/05/1999
Decision Date:	12/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency 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:

The injured worker is a 66-year-old female who reported an injury of unspecified mechanism on 08/15/1999. On 07/21/2014, her diagnoses included lumbar pain, sacroiliac joint pain, and chronic leg pain. Her complaints include lower back, gluteal, and bilateral leg pain. Her medications included Norco 10/325 mg, Sectral 200 mg, Tambocor 50 mg, aspirin 81 mg, Opana ER 40 mg, Cymbalta 90 mg, Ambien 10 mg, and Prevacid, Premarin, and lisinopril of unspecified dosages. A trial of Lyrica 50 mg was being initiated. Her past treatments were noted to include physical therapy, chiropractic, trigger point and joint injections with transient efficacy. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 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, Integrated Treatment,/Disability Duration Guidelines for Mental Illness and Stress - Zolpidem

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

Decision rationale: The request for Ambien 10mg #30 with 2 refills is not medically necessary. Per the Official Disability Guidelines, Ambien is a short acting nonbenzodiazepine hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers, are commonly prescribed for chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they can impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The recommendations further, state that the dose of Ambien for women should be lowered from 10 mg to 5 mg. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This worker has been taking Ambien for greater than 6 months, which exceeds the recommendations in the guidelines, as does the requested 10 mg dosage. Additionally, the request did not include frequency of administration. Therefore, this request for Ambien 10mg #30 with 2 refills is not medically necessary.

Hydrocodone 10/325mg #180 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Hydrocodone 10/325mg #180 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the ongoing review of opioids including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and the intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, quantified efficacy, or drug screens. The medication formulation as written is incomplete. Additionally, there was no frequency specified in the request. Since this injured worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for Hydrocodone 10/325mg #180 with 1 refill is not medically necessary.