

Case Number:	CM14-0183189		
Date Assigned:	11/07/2014	Date of Injury:	07/22/2011
Decision Date:	12/12/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 37-year-old female with a 7/22/11 date of injury. According to a comprehensive medical-legal evaluation report, dated 10/30/14, the patient complained of bilateral thoracic back pain, right low back pain, left upper abdominal pain, and left intercostal pain, rated as a 4/10. Norco decreased the patient's pain from 8/10 to 3/10 and provided 60% improvement in her pain and activities of daily living and allows the patient to work full-time. She has been on an up-to-date pain contract and her previous urine drug screens (UDS) were consistent with no aberrant behaviors. Ambien allowed the patient to sleep an additional 3 hours, and she has not been prescribed this medication in over 1 year. She has failed OTC sleep medications. Objective findings: lumbar ranges of motion restricted by pain in all directions, tenderness upon palpation of the thoracic and lumbar paraspinal muscles, lumbar extension was worse than lumbar flexion. Diagnostic impression: bilateral lumbar facet joint pain/arthropathy, lumbar degenerative disc disease, lumbar sprain/strain, thoracic sprain/strain, left intercostal sprain/strain. Treatment to date: medication management, activity modification. A UR decision dated 10/20/14 denied the requests for Norco and Ambien. Regarding Norco, medical records failed to reveal evidence of significant improvements in pain, function, or quality of life. While the most recent progress report indicated a 60% improvement in the patient's activities of daily living, available medical records did not support this claim. Regarding Ambien, documentation revealed that the patient was prescribed this medication from January to July 2013. The patient failed to demonstrate significant improvements in sleep. Additionally, it did not appear that non-pharmacological methods had been used in an attempt to address the patient's sleep complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, it is noted that Norco decreased the patient's pain from 8/10 to 3/10 and provided 60% improvement in her pain and activities of daily living and allows the patient to work full-time. In addition, she has been on an up-to-date pain contract and her previous UDS were consistent with no aberrant behaviors. Guidelines support the continued use of opioid medications when there is documentation of significant pain relief and improvement with activities of daily living. In addition, there is documentation of monitoring for appropriate medication use. Therefore, the request for Norco 5/325mg #75 was medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien

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 - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, this is a request for a 30-day supply of medication. According to the FDA, hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks. Therefore, the request for Ambien 10mg #30 was not medically necessary.