

Case Number:	CM14-0031105		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2003
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 50-year-old male who was reportedly injured on 4/18/2003. The mechanism of injury was noted as trip and fall. The most recent progress note, dated 2/5/2014, did not contain any subjective findings that have been documented. In this visit, it stated the claimant returned today for a follow up visit. The patient had a history of right wrist pain. There was no physical exam associated with this note. No diagnostic imaging studies were available for review. Previous treatment included right wrist surgery, physical therapy, occupational therapy, and transcutaneous electrical nerve stimulator (TENS) unit, medications to include Neurontin, tramadol, Norco and Ambien, as well as a referral to pain management. A request had been made for Norco 10/325mg #540 and Ambien 5mg #180 and was not certified in the pre-authorization process on 2/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG, #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009) Page(s): 75-78 OF 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short acting opioid combined with acetaminophen. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The 50-year-old male injured worker suffers from chronic pain; however, there was no objective clinical documentation of improvement in his pain and/or function with the current regimen. As such, this request is not considered medically necessary.

Ambien 5MG, #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): ODG - TWC/ODG INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES; PAIN (CHRONIC) - (UPDATED 6/1014).

Decision rationale: Zolpidem is a 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. 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. This medication can be habit forming and may impair function and memory. There is also concern that it may increase pain and depression over the long-term. (Fienberg, 2008). The medical documentation reviewed shows that this patient has been taking this medication on a chronic/long term basis. According to the Official Disability Guidelines, this medication is not intended for long term use. Thus, this request is not medically necessary.