

Case Number:	CM14-0039706		
Date Assigned:	06/27/2014	Date of Injury:	07/31/2013
Decision Date:	09/30/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old female who has submitted a claim for neck sprain associated with an industrial injury date of 07/31/2013. Medical records from 2014 were reviewed. The patient complained of moderate, frequent, sharp back pain with associated weakness. Patient also complained of intermittent neck pain. The pain was rated at 8 out of 10 without medications, and 6 out of 10 with medications. Physical examination results showed tenderness noted in the posterior paravertebral lumbar and cervical muscles. Decreased range of motion and slight cervical pain with compression was also noted. Treatment to date has included anti-inflammatory medications and opioid analgesics. Utilization review from 03/26/2014 denied the request for Zaleplon because the guidelines only recommend its use for short term (7-10 days) with a controlled trial showing effectiveness up to 5 weeks. According to the submitted documentation to the reviewer, patient has been prescribed with Zaleplon since 12/16/2013. The same review denied the request for Hydrocodone/ Acetaminophen because there was no documented significant functional improvement or significant decreased pain intensity reported. The guidelines recommend continued use of opioids if there is documented significant functional improvement or decreased pain. The patient has been on opioids since 10/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Zaleplon 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Insomnia Treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Zaleplon (Sonata) reduces sleep latency. It has a rapid onset of action and short half-life. Short-term use (7-10 days) is indicated, showing effectiveness for up to 5 weeks. In this case, the patient has been on this medication since 12/16/2013 however the duration and frequency of use was not specified. A progress report dated 03/06/13 did not mention any sleep disturbances. Furthermore, guidelines do not support long-term use of this medication. The requested number also exceeds the recommended treatment period of 7-10 days. Therefore, the request for 30 Zaleplon 10mg is not medically necessary.

Hydrocodone/Acetaminophen 5mg/325mg: Upheld

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.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since at least 10/30/2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/Acetaminophen 5mg/325mg is not medically necessary.