

Case Number:	CM14-0044696		
Date Assigned:	07/02/2014	Date of Injury:	07/26/2002
Decision Date:	08/26/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 53-year-old female with a reported date of injury on 07/26/2002. Her diagnoses included chronic pain syndrome and post laminectomy syndrome of the cervical region. Previous conservative care was not provided within the documentation available for review. The injured worker ambulates with an assistive device with a normal rate and pattern. The injured worker presented with complaints of pain in the neck, upper back, shoulders and hands. The pain is associated with numbness and weakness, rated at 5/10. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 40 degrees, extension to 20 degrees, rotation to 20 degrees to the right and to left, and side bending to 30 degrees. Current medications included Ambien and Norco. The physician indicated that Ambien was prescribed for insomnia and the Norco was prescribed for pain. The request for authorization for Ambien 10 mg #30 and Norco 10/325 mg #120 was submitted on 04/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ambien 10 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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) Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines recommend zolpidem as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed for chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. According to the SAMHSA, zolpidem is linked to a sharp increase in emergency department visits, so it should be used safely for only a short period of time. According to the clinical documentation provided for review, the injured worker has utilized Ambien prior to 10/25/2013. There was a lack of documentation related to therapeutic and functional benefit in the ongoing use of Ambien. In addition, the guidelines do not recommend the long-term use of Ambien. The request for continued use of Ambien exceeds the recommended guidelines. In addition, the request as submitted failed to provide for a frequency and directions for use. Therefore, the request for one prescription of Ambien 10 mg, #30 is not medically necessary.

One prescription of Norco 10/325 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (hydrocodone/acetaminophen); Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The clinical documentation provided for review indicates that injured worker has utilized Norco prior to 10/25/2013. When comparing the clinical note from 10/25/2013 to 04/01/2014, the injured worker rated her pain at 5/10 and her range of motion decreased in 04/01/2014. There was a lack of documentation related to the therapeutic and functional benefit in ongoing use of Norco. In addition, there was a lack of documentation related to the ongoing review of pain relief, functional status, appropriate medication use and side effects. The request as submitted failed to provide for frequency and directions for use. Therefore, the request for one prescription for Norco 10/325 mg, #120 is not medically necessary.