

Case Number:	CM14-0056654		
Date Assigned:	07/09/2014	Date of Injury:	10/04/2011
Decision Date:	09/03/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 patient is a 57-year-old female who has submitted a claim for severe bilateral L5-S1 facet joint arthrosis with right sided effusion, lumbar facet joint pain, lumbar facet joint arthropathy at L3-L4 and L4-L5, bilateral cervical joint pain at C5-C6, C6-C7, and C7-T1, cervical facet joint arthropathy, cervical sprain/strain, cervical disc bulges, and hypertension; associated with an industrial injury date of 10/04/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of bilateral neck pain. Pain is exacerbated by prolonged sitting, standing, twisting, and driving and relieved by laying supine. Physical examination showed tenderness of the cervical paraspinal muscles overlying the C4 to T1 facet joints. Cervical range of motion was limited by pain in all directions. Cervical and lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative. Reflexes were symmetric in all limbs. Motor strength was normal. Treatment to date has included medications, physical therapy, radiofrequency nerve ablation, and knee arthroscopy (09/11/2012). Utilization review, dated 04/09/2014, denied the request for Norco because there was no rationale for increasing the dosage of Norco, and possible diversion as UDS was negative for Hydrocodone; and denied the request for Ambien because there was no mention of insomnia or inability to sleep related to pain, or benefits from sleep medication, and because Ambien is not indicated for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-8. Decision based on Non-MTUS Citation Official Disability Guidelines Formulary <http://jbjs.org/article.aspx?articleID=1840112> Psychological Distress with Opioid Use Ann Intern Med 2007; 146: 116-127.

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

Decision rationale: As stated on page 78 of California 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, the patient has been prescribed Hydrocodone/APAP since at least January 2013. However, the medical records do not clearly reflect continued analgesia as evidenced by VAQ quantification, continued functional benefit, or a lack of adverse side effects. Moreover, the most recent urine drug screen, dated 12/27/2013, was negative for opiates despite intake of Norco. California MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #60 with 1 refill is not medically necessary.

Ambien 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food & Drug Administration, Ambien (zolpidem tartrate) Official Disability Guidelines, Pain Chapter, Ambien (zolpidem).

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, Zolpidem.

Decision rationale: The California MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Ambien for insomnia since at least April 2013, which is clearly beyond the recommended duration of use. In addition, medical records submitted for review show no objective evidence of improvement in the quality and duration of sleep. Therefore, the request for Ambien 10mg #30 with 1 refill is not medically necessary.