

Case Number:	CM14-0064185		
Date Assigned:	07/11/2014	Date of Injury:	09/15/2002
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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, Pain Medicine and is licensed to practice in Florida. 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 38-year-old female who reported an injury on 09/15/2002, the mechanism of injury was not provided within the medical records. The clinical note dated 03/25/2014, indicated a diagnosis of lumbar radiculopathy. The injured worker reported severe chronic back pain. The injured worker reported she had been without medication for about 3 months since 01/2014. The injured worker had failed back syndrome. The injured worker reported she cannot function; she had been virtually sedentary for the last 2 months because she had not had any medication and her pain increased in intensity in the same location, the lumbosacral spine. On physical examination the injured worker was able to flex the lumbar spine to 30 degrees with so much pain that she was not able to mount a step to get up on the examination table. The injured worker's straight leg raise produced hamstring tightness and back pain to 40 degrees. She was areflexic in the legs. The treatment plan included starting Norco and Ambien and continues to see patient on a 3 month basis. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The provider submitted a request for Norco and Ambien. A Request for Authorization dated 03/25/2014 was submitted for Norco and Ambien; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. It appears 04/23/2014; the injured worker was approved for a prescription of Norco. There is lack of documentation of efficacy and functional improvement; in addition there is lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use, behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication; therefore, the request for Norco 10/325 #180 with 2 refills is not medically necessary.

Ambien CR 12.5 mg #30 with 2 refills: 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, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Pain Chapter, Ambien.

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also indicate 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. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for insomnia or any kind of sleep disturbance. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency for this medication; therefore, the request for Ambien CR 12.5 mg #30 with 2 refills is not medically necessary.