

Case Number:	CM14-0064602		
Date Assigned:	07/11/2014	Date of Injury:	02/01/2008
Decision Date:	08/27/2014	UR Denial Date:	04/18/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on February 1, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of neck pain with muscle spasms. Current medications include Norco, Ambien, baclofen, and ibuprofen. Norco is stated to provide 50% functional improvement. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness as well as spasms of the cervical paraspinal muscles and trapezius muscles. There was a normal upper extremity neurological examination. Examination of both wrists notes a positive Phalen's and Tinel's sign. Diagnostic imaging studies were not reviewed during this visit. A request was made for hydrocodone/APAP and zolpidem and was not certified in the pre-authorization process on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009 Page(s): 74-78 OF 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. 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 injured employee has chronic pain in the progress note dated April 29, 2014, indicates that there is decreased pain and functional improvement with the use of this medication. Therefore, this request for Norco is medically necessary.

Zolpidem 10mg #30 x 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: According to the Official Disability Guidelines, Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. This request is for continued usage of Ambien with three additional refills which does not indicate short-term usage. As such, this request for zolpidem is not medically necessary.