

Case Number:	CM14-0068995		
Date Assigned:	07/14/2014	Date of Injury:	11/02/1996
Decision Date:	08/27/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/14/2014

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 and Virginia. 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 49 year old female with industrial injury date of 11/02/1996. A previous peer review on 4/29/2014 recommended non-certification of requested Ambien and modification of requested Norco, to allow #20 with no refills for weaning. The request of Kadian 80mg #120 although not clinically appropriate and medically necessary, was certified, with intention of weaning after successful weaning from Norco was completed. According to the pain management follow report dated 6/4/2014, the patient presents for followup and medication refill regarding primary complaint of lower back pain. Pain is in the low back and radiates to the leg and sometimes foot. She complains of neck and arm pain as well. Pain is rated 8/10. There are complaints of insomnia. Pain has been chronic since 1996 injury date. Pain is worse with exertion and better with rest and medications. Physical examination documents limited cervical and lumbar ranges of motion, 1/4 reflexes bilaterally, 4/5 motor strength bilaterally, decreased L4-S1 sensory bilaterally, positive straight leg rise bilaterally, tight hamstrings, abnormal heel/tow walk and gait and station, and mild pain with palpation over lower paraspinals. Plan of care is refill of Kadian, prescribed Fentor (not to use concurrently with Norco), and continue Soma and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #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 Page(s): 74-96.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Norco is indicated for moderate to moderately severe pain. Norco for chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records document the patient has been maintained on short-acting and long-acting opioids for years. The medical records do not reflect there has been any significant improvement in pain level or functional capacity. One criteria for ongoing chronic opioid use includes: Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. However, the medical records do not reflect there has been any notable benefit with ongoing use. According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines states opioids should be discontinued if there is no overall improvement in function. In the absence of documented significant improvement of pain and function on the requested medication, the request is not medically necessary according to the guidelines. The medical records fail to establish ongoing use of Norco is appropriate and clinically indicated. Weaning from Norco was previously recommended. At this juncture, Norco should be discontinued as medical necessity has not been established. The request is not medically necessary and appropriate.

1 prescription of Ambien 10mg #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 (ODG), Insomnia treatment.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines do not discuss the issue in dispute. According to Official Disability Guidelines, Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. The medical records indicate the patient has been utilizing Ambien at least since undergoing shoulder surgery. Chronic use of sleep aid is not recommended. The medical records do not demonstrate the patient has benefited with chronic use. Sleep complaints continue to be reported in the 6/2014 progress report. The medical records do not document appropriate sleep hygiene is being utilized. There is no clear indication for continued Ambien. Therefore the request for Ambien is

not medically necessary according to the guidelines. The request is not medically necessary and appropriate.