

Case Number:	CM14-0072235		
Date Assigned:	07/16/2014	Date of Injury:	10/26/2009
Decision Date:	10/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 was injured on 10/26/2009. The mechanism of injury is unknown. The patient underwent L5-S1 transforaminal epidural steroid injection, bilaterally on 12/13/2013 which provided 50% relief. A progress report dated 04/14/2014 states the patient complained of constant neck pain radiating to the upper extremities with numbness and tingling. She rated her pain as 10/10. She also reported constant low back pain radiating to the lower extremities with numbness and tingling and rated the pain as 10/10. On exam, cervical range of motion revealed flexion to 40 degrees; extension to 45 degrees. Rotation to 60 degrees bilaterally; lateral flexion to 30 degrees bilaterally. Lumbar range of motion revealed flexion to 35 degrees; extension to 10 degrees; and lateral flexion 15 bilaterally. Straight leg raise is positive bilaterally. Diagnoses are neck sprain/strain, cervical disc protrusion; brachial neuritis or radiculitis; and lumbar disc protrusion. The patient was dispensed Ambien 10 mg #30 mg. There are no reports indicating sleep difficulties or insomnia. Prior utilization review dated 05/09/2014 states the request for Ambien 10 mg # 30, Norco 10/325 # 240 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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 (Ambien)

Decision rationale: According to the 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. There are no reports indicating sleep difficulties or insomnia. In addition, the guidelines generally recommend addressing the cause of the sleep disturbance. The medical records do not document appropriate sleep hygiene is being utilized. There is no indication for Ambien. The medical necessity of Ambien has not been established.

Norco 10/325 # 240: 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): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

Decision rationale: According to the MTUS Chronic Pain Guidelines, Norco is indicated for moderate to moderately severe pain. Norco "opioid short acting" in 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. The 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. The patient reports 10/10 pain. The medical records do not reflect there has been any notable benefit with opioid use. She has not returned to work. In the absence of documented significant improvement of pain and function on the requested medication, the request is not medically necessary. The medical records fail to establish Norco is appropriate and clinically indicated.