

Case Number:	CM14-0011709		
Date Assigned:	02/21/2014	Date of Injury:	04/03/2007
Decision Date:	11/16/2015	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury on 04-03-2007. Current diagnoses include musculoligamentous strain of the lumbar spine, herniated pulposus of the lumbar spine, impingement syndrome of the right shoulder, internal derangement of the knees bilaterally, and left knee arthroscopic examination on 02-01-2011. Report dated 01-09-2014 noted that the injured worker presented with complaints that included symptoms are getting worse, insomnia, prolonged standing make her feet go numb, and left lower extremity numbness. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination performed on 01-09-2014 revealed tenderness in the paraspinal muscles, 2+ muscle spasms, decreased range of motion, positive straight leg raise, decreased sensation over the L4-L5 dermatomes bilaterally. Previous treatments included medications, surgical intervention, and therapy. The treatment plan included refilling Norco and Ambien, and request for pain management consultation. The injured worker has been prescribed Norco and Ambien since at least 10-10-2013. Request for authorization dated 01-09-2014, included requests for Ambien and Norco. The utilization review dated 01-15-2014, non-certified the request for Ambien, and modified the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #60: 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) 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) Pain (Chronic) Chapter under Zolpidem (Ambien).

Decision rationale: Based on the 1/9/14 progress report provided by the treating physician, this patient presents with worsening symptoms, which include numbness in feet after prolonged standing, with pain rated 8/10 on VAS scale. The treater has asked for Ambien 10mg, #60 on 1/9/14. The diagnosis listed in request for authorization dated 1/9/14 includes s/s lumbar. The 11/7/13 report also mentions low back pain. The patient states the only thing controlling pain is her pain medications per 1/9/14 report. The patient states her left knee is still doing well after surgery and therapy per 1/9/14 report. The patient states that she has left extremity numbness per 1/9/14 report. The patient complains of ongoing insomnia per 11/7/13 report, and is working with restrictions. The patient's work status is temporarily totally disabled as of 1/9/14 report. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 8/29/13, 11/7/13, and 1/9/14. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the patient has been prescribed Ambien for over a year prior to UR date of 1/10/14. Furthermore, the request for quantity 60 does not indicate intended short-term use and exceeds ODG indications. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 1/9/14 progress report provided by the treating physician, this patient presents with worsening symptoms, which include numbness in feet after prolonged standing, with pain rated 8/10 on VAS scale. The treater has asked for Norco 10/325 mg on 1/9/14. The diagnosis listed in request for authorization dated 1/9/14 includes s/s lumbar. The

11/7/13 report also mentions low back pain. The patient states the only thing controlling pain is her pain medications per 1/9/14 report. The patient states her left knee is still doing well after surgery and therapy per 1/9/14 report. The patient states that she has left extremity numbness per 1/9/14 report. The patient complains of ongoing insomnia per 11/7/13 report, and is working with restrictions. The patient's work status is temporarily totally disabled as of 1/9/14 report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 8/29/13 and in reports dated 11/7/13 and 1/9/14. The patient is stated to be unable to control pain without medications, which include Norco per requesting 1/9/14 report. However, MTUS requires appropriate discussion of all the 4A's; in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen on 9/5/13 was inconsistent, showing positive for Morphine and Cyclobenzaprine, which were not prescribed. No CURES and no opioid contract were provided in documentation. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.