

Case Number:	CM14-0191671		
Date Assigned:	11/25/2014	Date of Injury:	07/20/2010
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 48-year-old woman with a date of injury of July 20, 2010. She sustained an injury from standing for long periods of time while working as a deli manager. She was diagnosed with plantar fasciitis. The carrier has accepted the feet and low back. Pursuant to the progress note dated October 30, 2014, the IW continues to have pain in her low back and left knee. Pain radiated to the left lower extremity with numbness and tingling. Pain was rated 8/10. The IW is working full time. The IW reports financial stresses and is trying to lose weight. She reports trouble sleeping. She is wearing a back brace, which she finds helpful. Objectively, the IW is less depressed. She is wearing a left knee brace. Palpation revealed multiple areas of tenderness over the low back, knees and left foot. Motor and sensation examination are intact. Gait is antalgic. The IW has been diagnosed with degenerative lumbar disc disease; status post left carpal tunnel surgery; status post left plantar fasciitis surgery; history of left tarsal tunnel surgery; history of morbid obesity; and chronic pain syndrome. Current medications include Norco 10/325mg, Ambien 10mg, Cymbalta 20mg, and Neurontin 300mg. Documentation indicated that the IW has been taking Ambien and Norco since at least October 15, 2013. The provider is requesting authorization for Norco 10/325mg #120 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 75, 78, 79, 80, 132.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: functional status, appropriate medication use and side effects. Chronic opiate use should be accompanied by a detailed pain assessment. Satisfactory response to treatment may be indicated by the patient's pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is being treated for degenerative arthritis, bilateral meniscus repair status post left knee surgery; status post left carpal tunnel surgery; status post left plantar fasciitis surgery; history left tarsal tunnel surgery; morbid obesity; chronic pain syndrome. A review of the medical record shows Norco was first written in a progress note dated October 15, 2013. There are no detailed pain assessments in the medical record. There is no documentation as to objective functional improvement associated with opiate use in the medical record. Additionally, there is no risk assessment indicating whether the injured worker is at low risk, intermediate or high risk of drug misuse or abuse. Consequently, absent the appropriate clinical documentation of objective functional improvement, in addition to, the protracted course of opiate use, the request for Norco 10/325#120 is not medically necessary.

Ambien 10mg Qty: 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 (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 Section, Ambien

Decision rationale: Zolpidem is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. While sleeping pills are commonly prescribed for chronic pain, they are rarely, if ever, recommended for long-term use. They can be habit forming and may impair memory and function more than opiate pain relievers. In this case, Ambien was first prescribed in a progress note dated October 15, 2013. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. There is no compelling clinical evidence the medical record to support the continued prolonged use of Ambien. Consequently, the request for Ambien 10 mg #30 is not medically necessary.