

Case Number:	CM14-0198323		
Date Assigned:	12/08/2014	Date of Injury:	07/17/1998
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 17, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for Norco and Ambien. The claims administrator did not incorporate any guidelines into its rationale but stated at the bottom of the report that he was invoking a variety of non-MTUS references, including the Physicians' Desk Reference, non-MTUS ODG formulary, and non-MTUS Third Edition ACOEM Guidelines. The claims administrator also referenced an October 8, 2014 progress note in its denial and stated that the applicant had tested positive for marijuana. The applicant's attorney subsequently appealed. In said October 8, 2014 progress note, Vicodin and Ambien were refilled. The applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was not working secondary to pain and was having difficulty performing activities of daily living secondary to the same, it was acknowledged. The attending provider wrote that the applicant had "failed physical therapy and medication management. An epidural steroid injection was therefore sought. In an earlier progress note dated April 23, 2014, the attending provider alluded to the applicant's has undergone drug testing of February 24, 2014 which was positive for marijuana. The applicant was apparently using both Vicodin and Ambien as of April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, however, the applicant was described as using Ambien, a sleep aid, on progress notes of April 23, 2014 and October 8, 2014, referenced above. The Food and Drug Administration (FDA), however, takes the position that Ambien is indicated for the short-term treatment of insomnia, for up to 35 days. Ambien is not, thus, indicated for usage for over six months, per the FDA. The attending provider did not furnish any applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. When to Discontinue Opioids topic. Page(s): 80, 79.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant was described as having difficulty performing activities of daily living on the most recent progress note of October 8, 2014, referenced above. The attending provider failed to outline any quantifiable decrements in pain achieved as a result of ongoing opioid therapy. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines further takes the position that immediate discontinuation of opioids is recommended in applicants who are using illicit substances. Here, the applicant is, in fact, concurrently using an illicit substance, marijuana. Therefore, the request was not medically necessary.