

Case Number:	CM14-0198475		
Date Assigned:	12/08/2014	Date of Injury:	03/03/2009
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 year old with a work injury dated 3/3/09. The diagnoses include multilevel lumbar degenerative disc disease with radiculopathy; lumbar facet and sacroiliac joint arthropathy; post patellar fracture; hip pain and arthropathy; recent removal of hardware from the right patella; status post implantation of the spinal cord stimulator system. Under consideration are requests for Zolpidem 10mg #30 and Norco 10/325mg #180. There is a 1/21/14 document that states that the patient could not tolerate Zolpidem. There is a 10/27/14 document that states that the patient was previously seen in the office on 09/23/14. His current VAS score is noted at 3/10. The patient continues to have very effective analgesia, following the previous implantation of the spinal cord stimulator. He uses the spinal cord stimulator on a very consistent basis, turning it off only at night. As previously noted, the patient has discontinued the Butrans patch and continues with the Norco only as needed. The patient also has continues to use the Terocin 4% lidocaine patch topically for areas of peripheral neuropathic pain and this has worked very well. There is a request for physical medicine (PT). The patient has significant sleep issues and uses Zolpidem and Trazadone. He also continues with the Celebrex for general pain and Prilosec for stomach issues. On exam the patient is alert and oriented. His gait has but he utilizes a cane. He has some focal tenderness over the facets with a positive facet provocation and continues to have discomfort with flexion and extension movements of the trunk. There is also the sensory deficit to light touch, temperature and vibratory sensation in the left lower extremity over L5 and S I. His functional status is improved. The pain scores are mild. The patient gets benefit from the stimulator. The medications include Norco, Zolpidem, Trazadone, Terocin Patch. The patient was dispensed Zolpidem and Trazadone. The patient is currently not employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #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) (Pain Chapter); FDA (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)-Zolpidem (Ambien®)

Decision rationale: Zolpidem 10mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, 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. The documentation indicates that the patient has been on Zolpidem much longer than the 2-6 week recommended period. The ODG does not recommend this medication long term. The request for Zolpidem 10mg is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325mg #180 is not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. . The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on function, with specific functional goals, return to work, and an opioid contract. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325mg #180 is not medically necessary.