

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0202105 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 09/10/2002 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 September 10, 2002. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for Norco and Ambien. The claims administrator referenced an October 14, 2014 progress note in its denial. The claims administrator stated that the applicant had undergone earlier left and right total knee arthroplasties was reportedly not working. The applicant had also had unspecified amounts of physical therapy, the claims administrator contended. The applicant's attorney subsequently appealed. In a November 11, 2014 progress note, the applicant reported persistent complaints of low back, upper back, and bilateral knee pain. The applicant was on Norco, Ambien, and glucosamine. The attending provider stated that the applicant's medications were helping, but did not elaborate further. The applicant was not working, it was acknowledged. Surgical scarring about the knees was evident. Norco, Ambien, glucosamine, and permanent work restrictions were renewed. In an earlier progress note dated October 14, 2014, the applicant reported persistent complaints of low back, mid back, bilateral knee pain, highly variable, 4 to 7/10. The applicant was not working. Surgical scarring was evident about the injured knees. Norco and Ambien were renewed. It was stated that the applicant was using Ambien nightly and/or as needed for sedative effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes 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. While the attending provider stated that the applicant's pain medications, including Ambien, were helping, the attending provider did not elaborate further, nor did the attending provider articulate any meaningful or material improvements in function and/or quantifiable decrements in pain achieved as a result of ongoing Norco usage. The attending provider continued to report of pain complains in the 7/10 range or greater likewise suggested that ongoing usage of Norco was not particularly effective here. All of the forgoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Ambien 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management 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 address the topic of Ambien, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia for up to 35 days. In this case, the applicant has been using Ambien for a minimum of several months. Such long term, chronic, and longstanding usage of Ambien runs counter to the FDA label. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request was not medically necessary.