MAXIMUS Federal Services

Case Number:	CM14-0207778		
Date Assigned:	12/19/2014	Date of Injury:	09/10/2009
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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, 2009.In a Utilization Review Report dated November 17, 2014, the claims approved a request for Pamelor, denied Ambien, approved Colace, approved Norco, and denied a second request for Norco. It appeared that the Norco had been partially approved for weaning or tapering purposes. The claims administrator stated that its decision was based on an RFA form received on November 12, 2014.The applicant's attorney subsequently appealed.In a September 8, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant was consistently taking Norco in amounts greater than prescribed, at a rate of four to six times a day. The applicant was not working and last worked in 2009, it was noted. The applicant was using Ambien nightly and Neurontin nightly. The applicant stated that his pain reduced with medications only at times. Multiple medications were nevertheless refilled. The attending provider acknowledged that the applicant was not working.On September 1, 2014, a mental health medical-legal evaluator acknowledged that the applicant was not working.On June 24, 2014, the applicant reported 7 to 8/10 low back pain, exacerbated by standing, walking, and lying down on his side. The applicant was using Norco five to six times daily in conjunction with Ambien nightly and Neurontin nightly.

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 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 do not specifically 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 a responsibility to be well informed regarding 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. Here, the applicant has, however, been using Ambien for minimum of several months. Such usage, however, is incompatible with the FDA label. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would support such usage here. Therefore, the request is not medically necessary.

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 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The applicant last worked in 2009, it has been acknowledged on several occasions, referenced above. The applicant is having difficulty performing activities of daily living as basic as standing, walking, and bending, it was suggested on several progress notes, referenced above. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.