

Case Number:	CM14-0208301		
Date Assigned:	12/22/2014	Date of Injury:	12/25/2003
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/13/2014

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 Interventional Spine 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 patient is a 58 year old female with the injury date of 12/25/03. All hand written reports provided by the treater contain little information regarding the patient's pain, symptoms, treatment's history, medications, etc.. The 10/23/14 report states "Lbp pretty good. Refill Ambien, Norco," The 09/09/14 report states "Left hip pain, up all night, VA-opiates +tes. Refill meds." The 03/11/14 report states "She needs help going to grocery stores, cooking and cleaning. Her industrial injury/pain prevents her from performing her own ADLs. She has a hard time bending over to wash her feet or taking a shower. She had her husband helping her before, but he can't help her any longer." Pain in left hip, lower back and right knee. The utilization review determination being challenged is dated on 11/13/14. Treatment reports were provided from 12/05/13 to 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with pain in her lower back, left hip and right knee. The request is for unknown prescription of Norco. The patient has been utilizing Norco since at least 04/03/2014. Regarding chronic opiate use, MTUS guidelines pages 88 and 89 state that "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication other than the treater's request for refills. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Furthermore, there is no dosage. The request of Norco is not medically necessary.

Unknown prescription of Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, zolpidem (Ambien)

Decision rationale: The patient presents with pain in her lower back, left hip and right knee. The request is for unknown prescription of Ambien. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines Mental Illness and Stress Chapter, zolpidem (Ambien) state that "Zolpidem (Ambiengeneric available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The utilization review letter 11/13/14 modified the unknown prescription of Ambien 10mg to #15, stating "based on no documented evidence of sleep difficulties and efficacy of this medication, continuation is not supported. Abrupt discontinuation is not recommended." In this case, none of the reports discuss the patient's sleep problem. The 10/23/14 progress report states "refill Ambien" and it is not known how long this patient has been prescribed this medication. There is no discussion as to how it is working. Given that the ODG guidelines only support a short-term use of this medication (7 days or so), and lack of documentation for a short-term use, the request of Ambien is not medically necessary.