MAXIMUS Federal Services

Case Number:	CM15-0000668		
Date Assigned:	01/12/2015	Date of Injury:	06/19/1998
Decision Date:	03/11/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 65 year old female who suffered a work related injury on 06/19/98. Per the physician notes from 12/04/14 she complains of low back and waist pain at a level of 7/10 and her medications help 75%. Diagnoses include lumbar radiculitis and myofascial pain. She is noted to have trigger pint tenderness. The treatment plan consisted of refilling medication which was not specified, weigh loss/diet, home exercise program, NSAIDS/ice, and return in one month. The Ambien and Norco were non-certified by the Claims Administrator on 12/11/14. The Norco is denied per MTUS guidelines due to no significant functional benefit or return to work documented. The Ambien is non-certified per ODG guidelines as is it not recommended for long term use. The Ambien and Norco were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: According to the 12/04/20014 hand written report, this patient presents with low back pain, wrist pain, bilateral ankles pain and bilataral feet pain. The current request is for Norco 10/325mg #90. This medication was first mentioned in the 06/05/2014 report; it is unknown exactly when the patient initially started taking this medication.For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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, ADLs, adverse side effects, and aberrant 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. In reviewing the 12/04/2014 report, the treating physician document that the patient's pain level is a 7/10, medications help 75% with no side effects. The patient's activity are "walk: blocks/sometimes," able to sit and stand for 10-30 minutes. The patient's work status is not working. Per 06/05/2014 report, the treating physician indicates that the patient's "current pain medications give her greater than 80% relief of her pain symptoms. She is able to increase her activity and walk on a regular basis." In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS 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 www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

Decision rationale: According to the 12/04/20014 hand written report, this patient presents with low back pain, wrist pain, both ankles pain and both feet pain. The current request is for Ambien 10mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30. Medical records indicate the patient has been prescribed Ambien since 06/05/2014. The treating physician does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. Therefore, the current request IS NOT medically necessary and the recommendation is for denial.