

Case Number:	CM15-0009075		
Date Assigned:	01/27/2015	Date of Injury:	03/21/2006
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old male, who sustained an industrial injury on March 21, 2006. The diagnoses have included chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy, post laminectomy syndrome, chronic pain syndrome, status post L4-L5 fusion and removal of L5-S1 hardware and insomnia due to pain. Treatment to date has included computed tomography scan lumbar spine, oral pain medications, urine drug screening, removal of hardware L5-S1, inspection of fusion and redo left L4-L5 transpedicular decompression, right foraminotomy, placement of interbody PEEK cage with autograft, L4-L5 instrumentation, right fusion with autograft with neuro monitoring and use of fluoroscopy on June 20, 2014. Currently, the injured worker complains of increased pain with prolonged sitting, standing, walking, bending and lifting, laying down and medications help reduce the pain, the pain is described as a deep aching in his low back and aching in his left lower extremity. On January 7, 2015 Utilization Review non-certified a Norco 10/325mg quantity 120 and Ambien 10mg quantity 3, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 30, 2014, the injured worker submitted an application for IMR for review of Norco 10/325mg quantity 120 and Ambien 10mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's diagnoses are chronic low back pain; lumbar DDD; post laminectomy syndrome; chronic pain syndrome; status post L4-L5 fusion, and removal of L5-S1 hardware; and insomnia due to pain. Subjectively, the injured worker was tapered off OxyContin 10 mg but is now having increased pain. The injured worker is taking Norco 10/325mg QID and does not feel he has as much pain control as previously while on OxyContin. Pain is in the lower back with aching in the left lower extremity. Objectively, there is 5/5 straight in the bilateral lower extremities. A urine drug screen from November 26, 2014 was inconsistent. Declared medications were hydrocodone and oxycodone. The urine drug screen did not detect hydrocodone. Oxycodone was detected and a benzodiazepine was detected but not prescribed. The documentation does not contain evidence of objective functional improvement with the ongoing use of Norco 10/325 mg. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to gauge the efficacy of continued long-term Norco use in the absence of detailed pain assessments and the inconsistent urine drug screen from November 2014, Norco 10/325 mg #120 is not medically necessary.

One prescription of Ambien 10 mg # 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) Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Zolpedem

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7- 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnoses are chronic low back pain; lumbar DDD; post laminectomy syndrome; chronic pain syndrome; status

post L4-L5 fusion, and removal of L5-S1 hardware; and insomnia due to pain. Subjectively, the injured worker was tapered off OxyContin 10 mg but is now having increased pain. The injured worker is taking Norco 10/325mg QID and does not feel he has as much pain control as previously while on OxyContin. Pain is in the lower back with aching in the left lower extremity. Objectively, there is 5/5 straight in the bilateral lower extremities. Ambien is indicated for short-term (Devon to 10 days) treatment of insomnia. Ambien was prescribed according to a progress note dated October 21, 2014. The treating physician has exceeded the recommended guidelines of 7 to 10 days by continuing Ambien in excess of 3 and months. The documentation does not contain evidence of objective functional improvement as it relates to Ambien's efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use in contravention of the recommended guidelines, Ambien 10 mg #30 is not medically necessary.