

Case Number:	CM15-0100318		
Date Assigned:	06/02/2015	Date of Injury:	10/13/1999
Decision Date:	07/21/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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, Pain Management

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 60-year-old female, who sustained an industrial/work injury on 10/13/99. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified, post laminectomy syndrome, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medication and exercise. Currently, the injured worker complains of back pain, left low back and buttock pain radiating into the left lower extremity associated with numbness into the leg to the foot. Pain was rated 4/10. Per the primary physician's progress report (PR-2) on 4/9/15, examination revealed no acute distress; lumbar spine is tender per palpation in left buttock and has restricted range of motion, positive straight leg raise on left. Current plan of care included refill of medication. The requested treatments include 2 Ambien CR 12.5mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Ambien CR 12.5mg Qty: 20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter & Mental Illness and Stress Chapter, Sleep Medications.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is a lack of discussion indicating what behavioral treatments have been attempted for the condition of insomnia, and response to non-pharmacologic measures. There is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Norco 10/325mg Qty: 170 Refills: not specified: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydorocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with an overall improvement of 30%. The patient has no documented side effects, and signs of aberrant use as CUREs report review from recent visits were showing appropriate use. The patient also has consistent findings on urine drug screens. As such, the currently requested Norco (hydorocodone/acetaminophen) is medically necessary.