

Case Number:	CM15-0101008		
Date Assigned:	06/03/2015	Date of Injury:	12/04/2003
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 4, 2003. In a utilization review report dated May 1, 2015, the claims administrator partially approved requests for Norco and Ambien, apparently for weaning or tapering purposes. The claims administrator referenced an RFA form and progress note of April 22, 2015 in its determination. The applicant's attorney subsequently appealed. In a February 13, 2015 work status report, the applicant was placed off work, on total temporary disability. Norco, Butrans, Lunesta, tramadol, trazodone, and gabapentin were renewed while the applicant was kept off work. The applicant was described as having derivative complaints of severe, reactive depression. 7/10 to 8/10 pain complaints were noted. The applicant's sitting, standing, and walking tolerance were all diminished because of ongoing medication consumption. Cognitive behavioral therapy was sought. On March 5, 2015, the applicant reported having deteriorated, from both a chronic pain standpoint and a depression standpoint. In a questionnaire dated March 5, 2015, the applicant acknowledged that she was not working. Sitting, standing, and walking remained problematic. The applicant was on tramadol, Norco, clonazepam, Lyrica, and gabapentin, it was reported. The applicant stated that she could not "do anything" secondary to her pain complaints. There was no seeming mention of Ambien usage on this date. On April 2, 2015, authorization for sacroiliac joint injection therapy was sought. In a work status report dated April 22, 2015, the applicant was placed off of work. The applicant had been deemed "disabled." Norco, Ambien, Lunesta, tramadol, Neurontin, and Terocin patches were endorsed. In an associated questionnaire on the same date, April 22, 2015, the applicant stated that previously provided Ambien was more beneficial than Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant was off work despite ongoing Norco usage. The applicant had been deemed disabled; it was reported on April 22, 2015. Earlier notes in 2015 suggested that the applicant was off work, on total temporary disability. The applicant was treated for 7/10 to 8/10 pain complaints despite ongoing Norco usage, and reported in several questionnaires that she was unable to do anything secondary to her severe pain complaints. Not all of the foregoing, taken together, made a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not 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 Official Disability Guidelines, Pain.

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 U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not clearly state why he was furnishing the applicant with two separate sedative agents, Ambien and Lunesta, via a progress note dated April 22, 2015. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider using a drug for non-FDA-labeled purposes has the 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) indicates that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the attending provider indicated on April 22, 2015 that the applicant had previously been given Ambien. Continuing usage of the same, thus, represented treatment in excess of the FDA label. The attending provider did not furnish a clear or compelling rationale or medical evidence so as to support such usage, particularly when employed in conjunction with Lunesta, another sedative agent. Therefore, the request was not medically necessary.