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| Case Number: | CM15-0105703 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 07/01/2005 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 47 year old male sustained an industrial injury to the back on 7/1/05. Previous treatment included magnetic resonance imaging, lumbar fusion and medications. Magnetic resonance imaging lumbar spine (2/20/14) showed disc protrusion with right sided foraminal stenosis at L2-3. In a pain management reevaluation dated 5/4/15, the injured worker reported that his pain had been worse since his last office visit. The injured worker did not receive Fentanyl patch, Norco, Vimovo or Ambien due to insurance denial. The injured worker complained of low back pain, rated 6/10 on the visual analog scale, associated with leg pain and numbness. The injured worker reported that he was not sleep well due to pain. The injured worker stated that he was sleeping 1-2 hours at most. The injured worker was sleeping up to 6 hours when he had pain medications and Ambien. Current diagnoses included lumbar post laminectomy syndrome, lumbar spine intervertebral disc degeneration, lumbar spine radiculitis, lumbar spine spondylosis without myelopathy and lumbago. The treatment plan included continuing Fentanyl patch, Vimovo and Ambien, renewing Norco, discontinuing Lorzone because it caused coughing and choking and holding Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is 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, Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduled IV controlled substances, which means they have potential for abuse and dependency". There is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long-term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.

