

Case Number:	CM15-0131491		
Date Assigned:	07/17/2015	Date of Injury:	08/27/2001
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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:

This 79 year old female sustained an industrial injury to the low back on 8/27/01. Previous treatment included lumbar fusion and spinal cord stimulator. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a visit note dated 9/8/14, the injured worker complained of pain 10/10 on the visual analog scale without medications and 5/10 with medications. The injured worker was currently taking Norco for pain. In a visit note dated 6/23/15, the injured worker complained of pain 9/10 on the visual analog scale with medications and 10/10 without. The injured worker stated that she had a new pain in her low back. The injured worker stated that she thought her spinal cord stimulator had gotten dislodged. Quality of sleep was poor. The injured worker reported having trouble falling asleep despite taking Remeron. Physical exam was remarkable for lumbar spine with tenderness to palpation to bilateral paraspinal musculature with restricted range of motion and positive bilateral lumbar facet loading and cervical spine with hypertonicity and tenderness to palpation to the paraspinal musculature with restricted range of motion. The injured worker walked with an antalgic gait using a cane. The injured worker could not walk on heels or toes. Current diagnoses included lumbar post laminectomy syndrome and low back pain. Ambien was noted to cause hallucinations for the injured worker when used with Ativan. Current medications included Remeron, Norco, Citracal, Crestor, Protonic, Buproban, Metoprolol, Reglan, Spiriva, Sucralfate, Digoxin, Ferrous Sulfate, Lasix, Potassium, Adivan, Budesonide and Ipatropium. The treatment plan included discontinuing Remeron, restarting Ambien and refilling pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 1 refill: 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), Pain (Chronic) - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 07/23/15 progress report provided by treating physician, the patient presents with low back pain rated 9/10 with and 10/10 without medications, and poor quality of sleep. The patient is status post lumbar fusion at two levels on 05/11/07, and cervical fusion, date unspecified. The request is for AMBIEN 10MG #30 WITH 1 REFILL. Patient's diagnosis per Request for Authorization form dated 06/24/15 includes post lumbar laminectomy syndrome, low back pain, mood disorder, and post cervical laminectomy syndrome. The patient has an antalgic gait and ambulates with a cane. Physical examination to the lumbar spine on 07/23/15 revealed decreased range of motion, especially on extension 15 degrees. Positive bilateral lumbar facet loading, treatment to date has included imaging studies, diagnostics, spinal cord stimulator and medications. Patient's medications include Remeron, Norco, Citracal, Crestor, Protonix, Buproban, Metoprolol, Reglan, Spiriva, Sucalfate, Digoxin, Ferrous Sulfate, Lasix, Potassium Cl, Adivan, Budesonide and Ipratropium. The patient is permanent and stationary, and may work with restrictions, per 07/23/15 report. Treatment reports were provided from 07/08/14 - 07/23/15. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" The patient has poor quality sleep and has been prescribed Remeron at least since 07/08/14. Per 07/23/15 report, treater states "D/C Remeron, restart Ambien." ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. The patient has already been prescribed Ambien on 07/23/15. The request for quantity #30 with 1 refill exceeds guideline recommendations and does not indicate intended short-term use of this medication. Furthermore, treater states in 07/23/15 report that patient has failed Ambien previously due to "hallucination when used with Ativan." This request is not accordance with guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: Based on the 07/23/15 progress report provided by treating physician, the patient presents with low back pain. The patient is status post lumbar fusion at two levels on 05/11/07, and cervical fusion, date unspecified. The request is for NORCO 10/325MG #120 WITH 1 REFILL. Patient's diagnosis per Request for Authorization form dated 06/24/15 includes post lumbar laminectomy syndrome, low back pain, mood disorder, and post cervical laminectomy syndrome. The patient has an antalgic gait and ambulates with a cane. Physical examination to the lumbar spine on 07/23/15 revealed decreased range of motion, especially on extension 15 degrees. Positive bilateral lumbar facet loading, treatment to date has included imaging studies, diagnostics, spinal cord stimulator and medications. Patient's medications include Remeron, Norco, Citracal, Crestor, Protonix, Buproban, Metoprolol, Reglan, Spiriva, Sucalfate, Digoxin, Ferrous Sulfate, Lasix, Potassium Cl, Adivan, Budesonide and Ipratropium. The patient is permanent and stationary, and may work with restrictions, per 07/23/15 report. Treatment reports were provided from 07/08/14 - 07/23/15. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 07/08/14, 03/02/15, and 07/23/15. It is not known when Norco has been initiated. Treater states pain is rated 9/10 with and 10/10 without medications. A 1-point difference in VAS is not significant, and there are no validated instruments addressing analgesia. In this case, treater has not stated how Norco significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS dated 06/29/15 was provided. However, there are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.