

Case Number:	CM15-0143773		
Date Assigned:	08/04/2015	Date of Injury:	03/07/2008
Decision Date:	09/03/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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 66-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of March 7, 2008. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for Norco and Ambien. A May 27, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said May 27, 2015 progress note, the applicant reported 7/10 low back pain complaints. The attending provider stated that applicant's medications allowed him to be functional and accomplish unspecified activities of daily living. Drug testing, Norco, and Ambien were endorsed. Deep tissue massage therapy was sought. The applicant was described as having "retired" from the workforce, at the age of 60. On April 29, 2015, the applicant reported persistent complaints of low back pain, 5/10. The attending provider stated that the applicant's pain medications were controlling his pain complaints and improving his functionality but did not elaborate further. The applicant's medication list was not furnished on this date. Deep tissue massage therapy was sought. The applicant was again described as retired. On March 4, 2015, the applicant was described as having fluctuating, somewhat labile low back pain. Again, the applicant had retired. Massage therapy was endorsed. The applicant was using a CPAP machine. Once again, the applicant's medication list was not furnished. On February 11, 2015, the applicant was again asked to pursue massage therapy. Ambien was prescribed. The applicant's complete medication list was not detailed, although the attending provider nevertheless suggested that the applicant was benefitting from medication consumption. On January 7, 2015, the applicant was given a refill of Soma. Ambien and Norco were also prescribed on this date. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg, thirty count: 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) Chapter.

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 Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate 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) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the applicant had seemingly been using Ambien for what appeared to have been a minimum of several months. Such usage, however, ran counter to the FDA label and also to the position set forth on ODGs Mental Illness and Stress Chapter Zolpidem topic, which also notes that Ambien is not recommended for long-term use purposes but, rather, for short-term use purposes. Here, the attending provider failed to furnish a clear or compelling rationale and/or medical evidence which would have supported continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 78, 91.

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

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise 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 as a result of the same. Here, however, the applicant was described as not working, having retired on May 27, 2015. 7/10 pain complaints were reported on that date. While the attending provider stated that the applicant's medications were improving unspecified functionalities and activities of daily living, these reports, were, however, outweighed by the applicant's failure to return to work, the attending provider's failure to outline quantifiable decrements in pain effected as a result of ongoing Norco usage, and the attending provider's failure to outline meaningful, material, or substantiate improvements in function (if any) effected as a result of Norco usage. Therefore, the request was not medically necessary.