

Case Number:	CM15-0144024		
Date Assigned:	08/05/2015	Date of Injury:	08/15/2003
Decision Date:	09/23/2015	UR Denial Date:	06/25/2015
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: 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 45 year old female, who sustained an industrial injury on 8-15-2003. She reported she was pulling on something when she felt a popping sensation in her neck. The injured worker was diagnosed as having cervical myelopathy, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, and neck pain. Treatment to date has included medications, magnetic resonance imaging of the cervical spine, and x-rays. The request is for Ambien and Norco. On 4-10-2015, she reported sever neck pain, upper and lower extremity weakness, and having a history of falls. It is noted she uses Ambien for sleeplessness, Norco one tablet every 8 hours for pain, Protonix, Ibuprofen, and Lyrica. She indicates she has balance problems, numbness and weakness but denies poor concentration, and memory loss. Physical findings revealed an antalgic gait, she is very unsteady on her feet, tenderness over the cervical spine, weakness of the upper extremities, and lower extremity does not elicit deep tendon reflexes. Her medications are listed as: Ambien, Lyrica, Norco, Protonix, Ibuprofen, Abilify, Levothyroxine, Oxybutynin, and Terozosin. The treatment plan included: Lyrica, Valium, Ambien and Norco. On 5-8-2015, she reported neck pain. She recently decided to proceed with neck surgery. She has continued issues with balance and falling. Her current medications are: Ambien, Norco, Protonix, Ibuprofen, Lyrica, Valium, Abilify, Levothyroxine, Terazosin, and Oxybutynin. The treatment plan included: Ambien, Norco, and Lyrica. She is noted to have analgesia and improved activities of daily living with the use of Norco. There is no aberrant drug behavior noted. She states she will watch out for side effects with the use of Ambien, and she was recommended to talk with her psychologist about the combination of

Ambien and Lyrica due to the side effects. Her work status is noted as permanent and stationary. The records indicate she has been utilizing Ambien since at least February 2015, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for 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. They go on to 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 appears to be a longer term use of Ambien in excess of guideline recommendations of 6 weeks. The patient has been utilizing Ambien since at least Feb 2015. Given this, the currently requested Ambien is not medically necessary.

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009), Functional restoration approach to chronic pain management; Opioids, Hydrocodone Page(s): 74-95, 51, 1, 8-9.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 6/17/15. The patient did not report any side effects. There have been attempts made at weaning and trialing other non-narcotic pain drugs

such as NSAIDs. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent, such as querying the CURES report on 5/12/15. This request is medically necessary.