

Case Number:	CM15-0165054		
Date Assigned:	09/02/2015	Date of Injury:	08/25/1999
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 70 year old female, who sustained an industrial injury on August 25, 1999. The injured worker was diagnosed as having cervical herniated nucleus pulposus (HNP) and carpal tunnel syndrome. Treatments and evaluations to date have included cortisone injection and medication. Currently, the injured worker reports neck pain with muscle spasms and developing headaches with severe muscle spasms to her neck and difficulty sleeping. The Primary Treating Physician's report dated July 13, 2015, noted the injured worker reported pain and headaches increased since stopping the Fioricet with codeine. Physical examination was noted to show the injured worker with spasms and tenderness to the trapezius and rhomboids and tenderness to palpation at the carpal tunnel. The treatment plan was noted to include continued medications of Ambien and Fioricet with Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Zolpidem (Ambien).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The MTUS is silent regarding Ambien. The ODG notes that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The guidelines note that Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. In this case, there was no documentation of an evaluation of a sleep disturbance in the injured worker, nor were components of the injured worker's insomnia addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. As the guidelines recommend using Ambien for short term treatment of 7 to 10 days, the prescription exceeds the recommendations for use. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Ambien. The request is not medically necessary.

Fioricet with codeine #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Barbiturate-containing analgesic agents (BCAs).

Decision rationale: Barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet contains butalbital, Tylenol, and caffeine. The literature reported that butalbital containing combination analgesics should be avoided in migraine headache management. When used, it should be closely monitored to avoid overuse and dependence. It is recommended to be used less than 10 days/month. According to the CA MTUS, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. In this case, the documentation provided did not include the indication for the initiation of treatment

with Fioricet with Codeine or the efficacy of use. The treating physician's request did not include the dosage, or directions for use, and as such, the prescription is not sufficient. In addition, there is a lack of functional improvement with the treatment already provided. Medical necessity for the requested treatment has not been established. The requested Fioricet with Codeine is not medically necessary.