

Case Number:	CM15-0166250		
Date Assigned:	09/03/2015	Date of Injury:	06/04/2001
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

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 74 year old female, who sustained an industrial injury on June 4, 2001, incurring upper and lower back injuries. She was diagnosed with degeneration of the lumbosacral intervertebral disc and cervical disc disease. Treatments included physical therapy, heat, ice, massage, pain medications, neuropathic medications, muscle relaxants, sleep aides, stool softeners, antibiotics and antihistamines for an allergy reaction. Currently, the injured worker complained of persistent neck and low back pain. She rated her pain as 5 out of 10 at its best and 9 out of 10 at its worst. She stated she has had ongoing pain for 13 years and being worse at night. It interfered with her chores, exercises, recreation, and hobbies, sleeping, walking, bending and standing. She complained of constipation from medications, pruritus from opiate use, insomnia and muscle spasms. Treatment included continuation of medications, heat, and ice, massage and activity restrictions. The treatment plan that was requested for authorization on August 24, 2015, included prescriptions for Norco, Ambien and Benadryl. On August 24, 2015, utilization review denied the request for the prescriptions for Norco, Ambien and Benadryl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, per 8/14/15 order Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001. When seen, she was having neck, low back, right hip, and bilateral shoulder, bilateral arm, and bilateral leg pain. She had persistent pain which was worsen at right. Pain was rated at 5-9/10. Physical examination findings included a BMI of over 31. There was cervical and lumbar facet tenderness with positive facet loading. There was decreased and painful shoulder range of motion with tenderness. There was midline lumbar tenderness. Medications were refilled. Benadryl was being prescribed for pruritis attributed to opioid use. Ambien was being prescribed on a long-term basis. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life and is causing persistent side effects. Continued prescribing was not medically necessary.

Ambien CR 12.5mg, per 8/14/15 order Qty: 30.00: 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 - 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001. When seen, she was having neck, low back, right hip, and bilateral shoulder, bilateral arm, and bilateral leg pain. She had persistent pain which was worsen at right. Pain was rated at 5-9/10. Physical examination findings included a BMI of over 31. There was cervical and lumbar facet tenderness with positive facet loading. There was decreased and painful shoulder range of motion with tenderness. There was midline lumbar tenderness. Medications were refilled. Benadryl was being prescribed for pruritis attributed to opioid use. Ambien was being prescribed on a long-term basis. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions

such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien was not medically necessary.

Benadryl 50mg, per 8/14/15 order Qty: 60.00: 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 - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001. When seen, she was having neck, low back, right hip, and bilateral shoulder, bilateral arm, and bilateral leg pain. She had persistent pain which was worsen at right. Pain was rated at 5-9/10. Physical examination findings included a BMI of over 31. There was cervical and lumbar facet tenderness with positive facet loading. There was decreased and painful shoulder range of motion with tenderness. There was midline lumbar tenderness. Medications were refilled. Benadryl was being prescribed for puritis attributed to opioid use. Ambien was being prescribed on a long-term basis. Pruritus is a recognized side effect of hydrocodone, occurring in 3-9% of patients. In this case, ongoing prescribing of hydrocodone is not medically necessary. Additionally, if opioid medications were being continued or are prescribed in the future, then a trial of an opioid in a different class would be appropriate. Ongoing prescribing of Benadryl is not medically necessary.