

Case Number:	CM15-0181520		
Date Assigned:	10/08/2015	Date of Injury:	10/19/2001
Decision Date:	11/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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, Illinois

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 injured worker is a 61 year old male, who sustained an industrial injury on 10-19-01. The injured worker is diagnosed with post lumbar laminectomy syndrome and lumbago. His work status is permanent and stationary (he is retired). A note dated 3-12-15 reveals the injured worker presented with complaints of chronic neck pain that extends through the right shoulder and down the right arm. He reports sleep disturbance due to the pain. A physical examination dated 3-12-15 revealed cervical spine tenderness at the right mid to lower paracervical areas and restricted range of motion. The Spurling's test was positive on the right and caused discomfort in the lower paracervical extending through the shoulder and into the upper arm. The deep tendon reflexes were symmetrical and strength in the upper extremity major muscle groups were intact. His medication regimen includes; Hydrocodone-acetaminophen, Valium, Zolpidem and Toradol. The therapeutic response was not included in the documentation. A request for authorization dated 3-24-15 for Zolpidem Tartrate 10 mg #30 and Hydrocodone-Acetaminophen 10-325 mg #100 is approved for weaning, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg #30 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem.

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), Zolpidem (Ambien®).

Decision rationale: The injured worker sustained a work related injury on 10-19-01. The medical records provided indicate the diagnosis of post lumbar laminectomy syndrome and lumbago. Treatments have included Hydrocodone-acetaminophen, Valium, Zolpidem and Toradol. The medical records provided for review do not indicate a medical necessity for Zolpidem Tartrate 10mg #30 no refills. The medical records indicate the injured worker has been on this medication for some time. The MTUS is silent on it, but the Official Disability states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The Official Disability Guidelines does not recommend it for long-term use because it can be habit-forming, and they may impair function and memory more than opioid pain relievers. The request is not medically necessary.

Hydrocodone/Acetaminophen 10.325mg #100 no refills: 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 for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 10-19-01. The medical records provided indicate the diagnosis of post lumbar laminectomy syndrome and lumbago. Treatments have included Hydrocodone-acetaminophen, Valium, Zolpidem and Toradol. The medical records provided for review do not indicate a medical necessity for Hydrocodone/Acetaminophen 10.325mg #100 no refills. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not clear how long the injured worker has been on this medication, but the medical records indicate the injured worker being monitored for pain control, activities of daily living, adverse effects and aberrant behavior. The request is not medically necessary.