

Case Number:	CM15-0183171		
Date Assigned:	09/24/2015	Date of Injury:	09/24/2011
Decision Date:	10/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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, Florida, 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 injured worker is a 54 year old female who sustained an industrial injury on 09-24-2011. According to the most recent progress report dated 08-10-2015, the injured worker reported that pain was about the same. She had more sharp pain in the shoulder, more spasms in the bilateral upper extremities and more numbness and tingling in the right upper extremity. Current pain level was 9 on a scale of 1-10 without medications and 7 with medications. "Medications do help." The injured worker appeared to be depressed. Examination demonstrated straight leg raise, Patrick's, facet loading and Spurling's test were all positive. Sensation was decreased to light touch in the right L4 and L5 dermatomes and in the right upper extremity diffusely. Strength was decreased to light touch in bilateral lower extremities and bilateral upper extremities greater on the right with right grip, triceps and biceps. There was tenderness to palpation noted over the cervical paraspinal muscles, upper trapezius muscles, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa and knee. There were 18 out of 18 tender points noted overall. Diagnostic impression included cervicalgia, cervical radiculopathy, lumbago, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, myalgias and chronic pain syndrome. The treatment plan included refill of medications: Norco 10-325 mg one tablet by mouth every 6 hours as needed for pain #60 and Ambien 10 mg one tablet by mouth every day for insomnia. Random urine drug testing was being requested. She was still pending follow up with psych for cognitive behavioral therapy as well as for spinal cord stimulator. Documentation submitted for review shows that Norco was prescribed dating back to 03-23- 2015. Ambien was prescribed on 08-10-2015. Other medications prescribed prior to 08-10-2015 included Norco, Nucynta, Gabapentin, Elavil, Cymbalta, Zanaflex, Baclofen, Naprosyn and Tizanidine. Urine drug screen reports

were not submitted for review. On 09-10-2015, Utilization Review non-certified the request for Norco 10-325 mg #60 and Ambien 10 mg #30 and certified the request for a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: 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 for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 79, 80 and 88 of 127. Key points are as follows. The claimant was injured in 2011, there is depression, and the pain was the same from previous visits. The diagnoses were cervicgia, cervical radiculopathy, lumbago, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, myalgias and chronic pain syndrome. Norco was prescribed dating back to 03-23-2015. Ambien was prescribed on 08-10-2015. Insomnia is not documented. Objective functional improvement out of the regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

Decision rationale: Key points are as follows. The claimant was injured in 2011 and there is depression and the pain was the same from previous visits. The diagnoses were cervicgia, cervical radiculopathy, lumbago, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, myalgias and chronic pain syndrome. Norco was prescribed dating back to 03-23-2015. Ambien was prescribed on 08-10-2015. Insomnia is not documented. Objective functional improvement out of the regimen is not noted. The MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term (Feinberg, 2008). I was not able to find solid evidence in the guides to support long-term usage. Moreover, with a documented depression, the role of this hypnotic medicine raises clinical concerns that it would further impact cognition. The medicine is not medically necessary.