

Case Number:	CM15-0184809		
Date Assigned:	09/25/2015	Date of Injury:	02/19/1999
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Connecticut, California, Virginia
 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 63-year-old male, who sustained an industrial injury on 2-19-1999. The injured worker is being treated for lateral epicondylitis, insomnia and carpal tunnel syndrome. Treatment to date has included medications, steroid injections, splinting and diagnostics. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker reported moderate, severe, constant, stabbing right elbow pain. Objective findings included pain elicited in the lateral epicondyle and a sensation deficit noted in the musculocutaneous nerve distribution. Per the medical records, dated 8-27-2015 there is documentation that palliative factors include Norco and rest. This allows him to perform his activities of daily living and allow him to be more productive. On 4-29-2015, there is documentation that palliative factors include rest, Norco and Gabapentin. However, there is no documentation of objective improvement in symptoms, or decrease in pain level with the current treatment. There is no VAS pain score, or CURES report or urine drug analysis. He has been prescribed Norco since at least 2-22-2011. The notes from the doctor do not document efficacy of the prescribed medications. Work status was to remain off work permanently. The plan of care included medication management and authorization was requested on 8-27-2015 for Norco 10-325mg #90 and non-certified the request for Zolpidem 10mg #30. On 9-09-2015, Utilization Review modified the request for Norco 10-325mg #90 and non-certified the request for Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: 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, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

Zolpidem 10 mg #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia treatment, zolpidem.

Decision rationale: Ambien is indicated for short-term treatment of insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Without further details regarding the treatment plan and reasoning as to why more appropriate long-term treatment modalities are considered ineffective, the request is not considered medically necessary at this time.