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| Case Number: | CM15-0191168 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 07/02/2010 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 07-02-2010. She has reported injury to the bilateral knees and low back. The diagnoses have included chronic pain syndrome; low back pain; degeneration of lumbar intervertebral disc; lumbosacral spondylosis without myelopathy; sciatica; knee pain; and knee arthritis. Treatment to date has included medications, diagnostics, wheelchair, and physical therapy. Medications have included Norco, Nortriptyline, Pennsaid solution, Tizanidine, and Zolpidem. A progress report from the treating provider, dated 09-14-2015, documented an evaluation with the injured worker. The injured worker reported chronic pain involving multiple body parts; her symptoms remain stable and unchanged but persist since her last visit; she continues to rely on a stable dose of oral medications for basic function and symptom management; she takes about 5-6 tablets of Norco 10-325mg per day; she has been unable to decrease her dose due to severe increased pain and insomnia; and she expressed that she is motivated to complete the detox program and transition onto Suboxone. Objective findings included she is in no acute distress; normal mood and affect; alert and oriented; recent memory intact; and she is wheelchair-dependent with braces on both knees. The treatment plan has included the request for Zolpidem 10mg, #30 with 1 refill; and Norco 10-325mg, #160. The original utilization review, dated 09-23-2015, modified the request for Zolpidem 10mg, #30 with 1 refill, to Zolpidem 10mg quantity 15 with no refills; and modified the request for Norco 10-325mg, #160, to Norco 10-325mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, #30 with 1 refill: 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 - Zolpidem (Ambien).

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

Decision rationale: The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The risk of long-term use of Ambien currently outweighs benefit and is considered medically unnecessary.

Norco 10/325mg, #160: 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.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and function. The plan is for the patient to enter a detox program and be transitioned to suboxone. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.