

Case Number:	CM15-0207131		
Date Assigned:	10/23/2015	Date of Injury:	06/04/2001
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 72 year old female who sustained an industrial injury on 6-4-01. The injured worker reported pain in the neck, back, hip, shoulders, upper and lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for pain of cervical facet joint, degeneration of lumbosacral intervertebral disc, neuropathic pain, and insomnia and muscle spasm. Medical records dated 7-29-15 indicate pain rated at 7 out of 10. Treatment has included physical therapy, heat, ice, massage, activity modification, Norco since at least April of 2015, Ambien since at least April of 2015, cervical and lumbar magnetic resonance imaging, Zanaflex since at least May of 2015, and Diphenhydramine since at least May of 2015. Objective findings dated 7-29-15 were notable for tenderness to cervical facets, lumbar spine, lumbar facets, and shoulders, pain with range of motion. The original utilization review (10-12-15) denied a request for Norco 10-325mg #60, Ambien CR 12.5mg #90 and Diphenhydramine 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Chronic pain medical treatment guidelines indicates that 4 domains have been proposed as the most relevant for ongoing monitoring of chronic pain for patients on opioids: Pain relief, side effects, physical and psychosocial functioning, any occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's"(analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these control drugs. In the case of the injured worker detailed above, there is a clinical noted dated 5/6/2015 which documents left greater than right quadriceps weakness. There is documentation on a clinical noted dated 9/8/2015 which noted that the injured worker developed a rash when treated with Norco. He is being treated with diphenhydramine for that rash. There is no specific documentation to the effectiveness of this medication for his pain with a specific clinical plan for definitive treatment. Therefore, according to the guidelines and a review of the evidence. A request for Norco-10/325 mg, #60 tablets is not medically necessary.

Ambien CR 12.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress - 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) Pain chapter, section Zolpidem.

Decision rationale: Official disability guidelines recommends the use of Ambien for a short course of treatment for pain related insomnia. The time course for treatment in the guidelines as listed as 4-6 weeks. In the case of the injured worker, there is documentation in the medical record at least as early as 5/6/20/15 for treatment with Ambien. There is no documentation of its effectiveness or a potential plan to wean off this medication. Therefore, according to the guidelines, and review the evidence, treatment with Ambien CR-12.5 mg #90 is not medically necessary.

Diphenhydramine 50mg #60: 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 - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/diphenhydramine-capsules.html.

Decision rationale: The FDA indications for diphenhydramine include its use as an antihistaminic, in the management of motion sickness, treatment for Parkinsonism, and uses a nighttime sleep aid. In the case of the injured worker above, diphenhydramine is being used as treatment for a rash that developed after taking Norco. The patient does not meet the medical necessity standards for the use of Norco. Therefore, according to the guidelines, and a review of the evidence, treatment with diphenhydramine-50 mg tabs #60 is not medically necessary.