

Case Number:	CM15-0023440		
Date Assigned:	02/13/2015	Date of Injury:	04/08/2008
Decision Date:	03/30/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 58 year old female, who sustained an industrial injury, April 8, 2007. According to progress note of January 8, 2015, the injured workers chief complaint was frequent moderate headaches with intractable pain to the right shoulder. The injured worker was also experiencing neck and upper back pain that varied from 6-8 out of 10; 0 being no pain and 10 being the worse pain. The current medication resume had reduced the pain and increased functional ability by 60-80% improvement. The injured worker has been moderately to severely depressed, in addition, that without medications has had moderately difficulty with sleeping. The physical exam noted cervical spine with moderately restricted range of motion in all planes. There was multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapular, scalene, infraspinatus and interscapular, thoracic paraspinal musculatures on the right. The right shoulder had marked restrictions in all planes with decreased sensation of lateral and anterior aspect the arm. The injured worker had decreased grip strength in both hands. There was mild muscle atrophy of the right deltoid and biceps. The injured worker was diagnosed with post traumatic headaches, decreased hearing and tinnitus of the left ear, status post-surgery of torn rotator cuff of the right shoulder, moderate bilateral carpal tunnel syndrome and chronic myofascial pain syndrome of the cervical spine, moderate to severe. The injured worker previously received the following treatments pain Norco, Ambien, Remeron, Prozac, surgery, physical therapy, aqua therapy and home exercise program. On January 8, 2015, the primary treating physician requested authorization for Norco 10/325mg #180 and Ambien

10mg. On February 5, 2015, the Utilization Review denied authorization for Norco 10/325mg #180 and Ambien 10mg. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are posttraumatic headaches with cognitive dysfunction and dizziness; decreased hearing and tinnitus left ear; status post surgery toward rotator cuff right shoulder times 2; moderate bilateral carpal tunnel syndrome not related to specific injury but due to cumulative trauma; chronic myofascial pain syndrome, cervical thoracic spine, moderate to severe. Norco was first prescribed in February 2014. The injured worker was taking Norco 10/325 mg Q4 hours at that time. Presently, the injured worker is still taking Norco 10/325 mg Q4 to six hours. The documentation contains subjective descriptions with an improvement in overall symptoms. However, there are no detailed pain assessments and there are no risk assessments in the medical record. The documentation does not contain a physician attempt to wean and/or reduce the dose of Norco. Consequently, absent clinical documentation with objective functional improvement along with an attempt to reduce the dose of Norco (and/or wean), Norco 10/325 mg #180 is not medically necessary.

1 Prescription of Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress. Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien (Zolpedem)

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called

minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products. In this case, the injured worker's working diagnoses are posttraumatic headaches with cognitive dysfunction and dizziness; decreased hearing and tinnitus left ear; status post surgery toward rotator cuff right shoulder times 2; moderate bilateral carpal tunnel syndrome not related to specific injury but due to cumulative trauma; chronic myofascial pain syndrome, cervical thoracic spine, moderate to severe. The injured worker has continued difficulty with sleep despite taking Ambien. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. Ambien was first documented in the medical record July 17, 2014. The treating physician has clearly exceeded the recommended guidelines in terms of Ambien use. The documentation does not contain compelling clinical facts to warrant Ambien despite the guidelines. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Ambien in contravention of the recommended guidelines 7 to 10 days, Ambien 10 mg is not medically necessary.