

Case Number:	CM15-0211606		
Date Assigned:	10/30/2015	Date of Injury:	04/29/2013
Decision Date:	12/14/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California

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 59 year old male, who sustained an industrial injury on 4-29-2013. The medical records indicate that the injured worker is undergoing treatment for chronic neck pain, numbness in the left arm, cervical disc disorder, cervical radiculopathy, moderate bilateral carpal tunnel syndrome, left shoulder pain, and C6-C7 fusion (9-2-2015). According to the progress report dated 10-8-2015, the injured worker presented with complaints of pain in his neck and left shoulder. On a subjective pain scale, he rates his pain 6 out of 10 with medications and 8 out of 10 without. In addition, he reports significant difficulty sleeping. The physical examination of the cervical spine reveals tenderness over the mid and lower paracervical muscles, severely decreased range of motion, and negative Spurling's sign. Examination of the left shoulder reveals tenderness over the lateral joint, decreased range of motion, and pain with impingement maneuvers. The current medications are Norco, Wellbutrin, and Cialis. The records do not indicate when Norco was originally prescribed. Previous diagnostic studies include electrodiagnostic testing of the upper extremities and MRI scan of the cervical spine and left shoulder. Treatments to date include medication management, physical therapy, acupuncture, epidural steroid injections, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (10-13-2015) partially approved a request for and Ambien 10mg #30 with no refills (original request was for #30 with three refills). The request for Norco 10-325mg #30 was non-certified.

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 #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant was on NSAIDS in the past. A short course of Norco was provided peri-operatively. Prior NSADS did not provide significant relief. A short course is appropriate.

1 prescription of Ambien 10mg #30 with 3 refills: 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 (Chronic) Zolpidem (2015).

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions is not noted. Continued use of Zolpidem (Ambien) is not medically necessary.