

Case Number:	CM15-0214165		
Date Assigned:	11/04/2015	Date of Injury:	04/07/2003
Decision Date:	12/22/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain with derivative complaints of headaches reportedly associated with an industrial injury of April 7, 2003. In a Utilization Review report dated December 13, 2015, the claims administrator failed to approve requests for Ambien, Flector patches, and Norco. A September 30, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 27, 2015, the applicant reported multifocal complaints of neck, mid back, and shoulder pain. The applicant's medication list included Norco, Ambien, Lamictal, Wellbutrin, Zestoretic, Zocor, and Flector patches, the treating provider reported. The attending provider noted that the applicant's pain complaints were 9/10 without medications versus 3/10 with medications. The applicant's pain complaints were worsened with lifting, the treating provider acknowledged. The treating provider contended that the applicant's ability to do housework and exercises were ameliorated as a result of ongoing medication consumption. The applicant's permanent work restrictions were renewed. The applicant was, however, "not employed," the treating provider acknowledged with said limitations in place. The applicant's psychological review of systems was positive for depression, anxiety, and insomnia, the treating provider reported. On September 30, 2015, the applicant reported multifocal complaints of neck, mid back, and shoulder pain. 10/10 pain without medications versus 3-5/10 with medications was reported. The treating provider contended that the applicant's ability to exercise and do unspecified amounts of housework had been ameliorated as a result of ongoing medication consumption. The attending provider

acknowledged that the applicant was using Norco at a rate of three tablets a day. The attending provider stated that the applicant was exercising several times a week but did not state the duration of the exercise. The note was, in large part, identical with subsequent note dated October 27, 2015. Permanent work restrictions were renewed. The treating provider acknowledged that the applicant was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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), Mental Illness & Stress: Ambien (Zolpidem tartrate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines FDA, U.S. Food and Drug Administration, Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administrator (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for 30 tablets of Ambien was at odds with the FDA label and with ODGs Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.

Flector patches #15: 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): Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for topical Flector patches was likewise not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment

Guidelines notes that topical diclofenac/Voltaren/Flector has "not been evaluated" in the treatment of spine, hip, and shoulder pain. Here, however, the applicant's primary pain generators were the cervical spine and shoulder, i.e., body parts for which topical diclofenac/Voltaren/Flector has "not been evaluated," per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, the treating provider acknowledged on the September 30, 2015 office visit at issue. While the treating provider did recount a reported reduction in pain scores from 10/10 without medications to 3/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The treating provider's commentary to the effect that the applicant's ability to perform unspecified household chores and exercise for an unspecified duration several times a week as a result of ongoing Norco usage did not constitute evidence of a meaningful, material, and/or substantive benefit achieved as a result of the same. Therefore, the request was not medically necessary.