

Case Number:	CM15-0222804		
Date Assigned:	11/18/2015	Date of Injury:	10/14/1998
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 10-14-1998. The injured worker was diagnosed as having cervical-lumbar sprain-strain, acromioclavicular cartilage disorder of the bilateral shoulders, subacromial subdeltoid bursitis bilaterally, right shoulder bicipital tendinitis, and left shoulder internal derangement (clinically). Treatment to date has included diagnostics and medications. On 9-23-2015, the injured worker complains of pain, rated 8 out of 10, "Slightly improved over the value that was given on 7-30-2015, however, she did disclose that she did utilize her medications today which consist of Naproxen, Ambien, and Gabapentin". She was receiving Nucynta from a pain management specialist and was utilizing this medication on an as needed basis but reported that she was discharged from this provider's care. She requested medication refills and alternative to Tramadol (adverse reaction-migraine headaches) and Nucynta. Sleep complaints were not noted and sleep hygiene was not discussed. Exam noted decreased lumbar range of motion, and mild tenderness to palpation over the spinous processes of L2-L3, as well as over the corresponding paraspinous musculature. The provider noted that she utilized sleep aid medications sparingly and that the last prescription she received for sleep aid was in 5-2014 (prescription dated 7-30-2015 was submitted). Additionally, she was prescribed Tylenol #3. Her work status was "currently retired". On 10-14-2015 Utilization Review modified a request for Tylenol #3 tab 300-30mg #30 with 2 refills to #30 with no refills and non-certified a request for Ambien 5mg #15 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol # 3 tablets, 300/30mg quantity 30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/23/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Ambien tablets 5mg quantity 15 with two 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, Pain, Zolpidem.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 9/23/15 of insomnia to warrant Ambien. ODG guidelines do not recommend long-term use of Ambien. Therefore, the prescription is not medically necessary and thus the determination is for non-certification.