

Case Number:	CM15-0041664		
Date Assigned:	03/11/2015	Date of Injury:	07/31/2001
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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 is a 52 year old female, who sustained an industrial injury on July 31, 2001. The injured worker was diagnosed as having left cervical facet pain, repetitive stress injury to the left upper extremity and parascapular myofascial pain. Treatment to date has included radiofrequency treatment, physical therapy, home exercise program, medications which included voltaren gel, hydrocodone, Opana and Zolpidem. Currently, the injured worker complains of left-sided neck pain and headaches. She reports an increase in symptoms of burning in the left neck and shoulder. Her sleep and use of her upper extremity is impaired with left sided neck pain. She reports that Opana has a 70% relief in pain for six hours and she uses Norco for breakthrough pain. The Norco causes a 50% reduction in pain for 3-4 hours. She rates her pain a 9-10 on a 10 point scale without medication. Her plan of care include continuation of her medications to include Opana extended Relief, Zolpidem, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone, Weaning of Medications.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 20mg #60 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are left cervical facet pain; repetitive stress left upper extremity; and parascapular myofascial pain. The documentation indicates the injured worker was taking Opana as far back as October 2012. There have been no attempts at weaning Opana from the injured worker's drug regimen. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (associated with ongoing long-term opiates). There is no evidence of objective functional improvement based on injured workers persistent symptoms and signs. Discontinuation of long-term opiates is recommended in patients when there is no overall improvement in function, continuing pain with evidence of intolerable adverse effects or decrease in functioning. Consequently, absent clinical documentation with objective functional improvement, detailed pain assessments and risk assessments and a failure to wean opiates, Opana ER 20mg #60 is not medically necessary

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 60 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are left cervical facet pain; repetitive stress left upper extremity; and parascapular myofascial pain. The documentation indicates the injured worker was taking Norco

as far back as October 2012. There have been no attempts at weaning Norco from the injured worker's drug regimen. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (associated with ongoing long-term opiates). There is no evidence of objective functional improvement based on injured workers persistent symptoms and signs. Discontinuation of long-term opiates is recommended in patients when there is no overall improvement in function, continuing pain with evidence of intolerable adverse effects or decrease in functioning. The injured worker has persistent symptoms and signs and has been using Norco in excess of two years. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco and gauge its efficacy, Norco 10/325mg #60 is not medically necessary.

Zolpidem 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, Pain (Acute & Chronic), Zolpidem (Ambien), 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 section, Zolpidem.

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem (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 will 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 and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are left cervical facet pain; repetitive stress left upper extremity; and parascapular myofascial pain. The documentation indicates the injured worker was taking Zolpidem as far back as October 2012. Zolpidem is indicated for short-term (7-10 days) treatment of insomnia. The treating physician has continued zolpidem in excess of two years, well in excess of the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement in support of continued so for them with guideline recommendations for short-term (7 - 10 days) treatment of insomnia, Zolpidem 10 mg #30 is not medically necessary.