

Case Number:	CM15-0060015		
Date Assigned:	04/06/2015	Date of Injury:	09/14/2001
Decision Date:	05/12/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/30/2015

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: California
 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 60 year old male, who sustained an industrial injury on 09/14/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having low back pain with left radicular symptoms, lumbar degenerative joint disease at lumbar four to five and lumbar five to sacral one with disc herniations, and sacral one radiculopathy in the left leg. Treatment to date has included electromyogram with nerve conduction study, home exercise program, and medication regimen. In a progress note dated 01/15/2015 the treating physician reports complaints of severe pain to the back, muscle spasm, stabbing pain in the left leg, and a heavy numb sensation to the left leg. The pain is rated a nine out of ten, but notes the pain to be a four out of ten with medication, and a ten out of ten without medication. The treating physician requested the medications of Norco 10/325mg tablets one every four to six hours as needed for pain with a quantity of 140 and Ambien CR 12.5mg at bedtime for insomnia due to pain with a quantity of 30. The treating physician noted a 50% reduction in the injured worker's pain with the prescribed medications and a 50% improvement in function with activities of daily living with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The progress report dated February 12, 2015 documented that the patient reported severe back pain, muscle spasms, stabbing pain that radiates down his left leg with heavy numb and burning sensation in the leg. He continues to use a cane for ambulation. He rates his pain an 8/10, at best a 4/10 with the medications, a 10/10 without them. He reports 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. Diagnoses were low back pain and left radicular symptoms. MRI magnetic resonance imaging revealed degenerative disc disease at L4-L5 and L5-S1 with disc herniations with impingement on the left S1 nerve root. Electrodiagnostics studies revealed S1 radiculopathy. The patient is under a narcotic contract. Urine drug screens have been appropriate. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Pain contract was signed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Ambien CR 12.5mg #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 (Chronic).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien CR 12.5 mg is not medically necessary.