

Case Number:	CM15-0082750		
Date Assigned:	05/05/2015	Date of Injury:	02/06/2006
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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 58 year old female who sustained a work related injury February 6, 2006. A psychiatric progress note, dated March 13, 2015, finds the injured worker presenting for psychopharmacological follow-up. Her pain level is noted as 5/10 to her low back and both legs. The physician notes she is not taking Ambien or Lorazepam from him and getting it from her primary medical doctor. Recommendations included continuing with Cymbalta and cognitive behavioral therapy (CBT). According to a primary treating physician's progress report, dated April 7, 2015, the injured worker presented for a monthly visit for bilateral lower back pain with radicular symptoms to the left leg. Pain is intermittent with activities and she has completed two sessions of acupuncture with 25% improvement in stiffness and sharp lower back pain but the left leg stiffness remains. She is requesting Ambien and taking (1) tablet every third day and Norco (1) tablet daily. According to the injured worker she can't sleep without the Ambien, is constantly tired during the daytime, and with Ambien is gets three hours of good quality sleep. Norco is taking the pain from a 10/10 to a 7/10. Diagnoses are lumbar disc disease; left sciatic neuropathy; depressive symptoms/major depression. At issue is the request for Ambien and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. 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 (or non-adherent) 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The primary treating physician's progress report dated 1/8/15 documented a prescription for Norco 5/325 mg #60. Date of injury was 02-06-2006. The primary treating physician's progress report dated 2/9/15 documented a prescription for Norco 5/325 mg #60. The primary treating physician's progress report dated 3/8/15 documented a prescription for Norco 5/325 mg #60. The primary treating physician's progress report dated 4/7/15 documented subjective complaints of low back pain. No tenderness was noted on physical examination. No motor deficit in the legs was noted. Norco 5/325 mg 1 PO BID PRN count #60 for 2 months was requested. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The request for Norco 5/325 mg is not supported by MTUS guidelines. Therefore, the request for Norco 5/325 mg is not medically necessary.

Ambien 5 mg #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), Zolpidem Section.

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. The primary treating physician's progress report dated 4/7/15 documented the use of Ambien for sleep complaints. 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 5 mg is not medically necessary.