

Case Number:	CM15-0086316		
Date Assigned:	05/08/2015	Date of Injury:	12/31/1997
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 December 31, 1997. According to a supplemental pain management physician's progress report, dated March 27, 2015, the injured worker presented with chronic neck pain which radiates into her shoulders. She has noticed paresthesias in her left arm when resting on a table or arm rest, which resolves on movement. Her medication and trigger point injections reduce the pain by over 60%. She continues to work part time at a local camp. Diagnoses are cervical radiculopathy; muscle spasm; fibromyalgia/myositis; failed back syndrome, lumbar. Treatment plan included continue exercise program, advised not to receive pain medication from any other provider, and request for authorization for Norco, Kadian, and Ambien CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Kadian. There was no mention of Tylenol, lower dose of Norco or Tricyclic failure. Although, the claimant obtains relief with the combined medications, a weaning attempt or reduced dose trial was not noted in the past 5 months of use. The continued use of Norco is not medically necessary.

Kadian (Morphine Sulfate) 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine/opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not 1st line for chronic lumbar root pain. In this case, the claimant had been on Kadian for over 5 months in combination with Norco. Although the claimant obtains relief with the combination of medications, there was no mention of failure of reduced dose of opioids, Tricyclic use or other methods. The claimant had reduction in pain with the Kadian, Norco and trigger injections. Pain response to Kadian alone or at lower dose is unknown. Continued and long-term use of Kadian at the current dose is not medically necessary.

Ambien CR (controlled release) 12.5 mg Qty 100: 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 chapter - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter, insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not provided. Continued use of Zolpidem (Ambien) is not medically necessary.