

Case Number:	CM15-0089174		
Date Assigned:	05/13/2015	Date of Injury:	06/24/2004
Decision Date:	06/23/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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(n) 53-year-old male, who sustained an industrial injury on 6/24/04. He reported cumulative trauma to his lower back, left shoulder, neck and left leg. The injured worker was diagnosed as having C6 radiculopathy, headaches, low back pain and left lower extremity pain. Treatment to date has included L5-S1 surgery, Norco and Ambien (since at least 12/18/14), an EMG study and physical therapy. As of the PR2 dated 3/12/15, the injured worker reports ongoing thoracic-lumbar spine pain and discomfort, as well as intermittent headaches. The pain score was rated at 4/10 on a scale of 0 to 10. He continues to work full-time. Objective findings include minimal tenderness to thoracic and lumbar paraspinal muscles. Cranial nerves II through XII grossly intact. There is no mention of insomnia or sleep quality. The treating physician requested Norco 5/325mg #120 and Ambien 10mg #30. The 9/23/2014 UDS showed utilization of opioid but not Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAID and PT. The chronic treatment with opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient is utilizing opioids and multiple sedatives concurrently. There is no documentation of guidelines mandate compliance monitoring of CURES data checks, absence of aberrant behavior and functional restoration. The criteria for the retrospective use of Norco 5/325mg #120 was not met. Therefore, the request is not medically necessary.

Retrospective Ambien 10mg quantity 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, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedatives and hypnotics be limited to short-term periods of less than 6 weeks. The chronic use of sleep medications can be associated with the development of daytime somnolence, dependency, addiction and adverse interactions with other sedatives. The records indicate that the patient is utilizing Ambien with multiple sedatives concurrently. The duration of use of Ambien had exceeded that guidelines recommended maximum period of 6 week. There is no documentation of prior failure of simple sleep hygiene measures. The criteria for the use of Ambien 10mg # 30 was not met. Therefore, the request is not medically necessary.