

Case Number:	CM13-0065837		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2001
Decision Date:	06/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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. The expert reviewer is Board Certified in Anesthesia, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old female injured worker with a date of injury of 8/16/01 with related bilateral lower neck pain radiating into the right shoulder and right upper extremity. Her diagnoses include bilateral cervical facet joint pain; cervical post laminectomy syndrome; status post C6-C7 anterior cervical discectomy fusion; cervical disc protrusion; cervical stenosis; cervical sprain/strain; and right shoulder pain. Per a 12/10/13 physical exam, "Cervical and lumbar ranges of motion were restricted by pain in all directions. Cervical discogenic and lumbar provocative maneuvers were positive. There are cervical muscle spasms upon physical examination. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs were absent bilaterally. Muscle strength is 5/5 in all limbs." Imaging studies were not available in the documentation submitted for review. The documentation did not state that physical therapy was utilized. The date of UR decision was 11/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180 X3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 91.

Decision rationale: Per the MTUS Chronic Pain Guidelines regarding on-going management of opioids "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 any 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." Within the medical records provided for review there is a 12/10/13 progress note which states "With this medication the patient's pain is 3/10, without it her pain is 9/10. The patient is able to complete activities of daily living such as personal hygiene, self care, food prep and walking more than 200 feet. The patient's UDS is consistent. There are no signs of misuse/ abuse or aberrant behavior. There is no adverse reaction. Pain contract is up-to-date." Per the MTUS Chronic Pain Guidelines, the on-going use of opioids is appropriate in this case. The request is medically necessary.

AMBIEN ER 12.5MG #30 X3: 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, Pain (Chronic), Zolpidem (Ambien).

Decision rationale: With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." With regard to insomnia, the ODG "recommend that treatment be based on the etiology, with the medications recommended below. 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. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." The documentation submitted for review does not provide information regarding sleep onset, sleep maintenance, sleep quality, or next day functioning to support the medical necessity of a sleep aid. The request is not medically necessary and appropriate.

