

Case Number:	CM14-0139923		
Date Assigned:	09/08/2014	Date of Injury:	05/23/2001
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine and is licensed to practice in New York. 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 58 year old female with a date of injury on 05/23/2001. She has post laminectomy syndrome, fibromyalgia, depression and complex regional pain syndrome. TENS helps her pain. On 07/23/2014 she was ambulating with a four pronged cane. She had a flat affect and a slow antalgic gait. She was wearing a lumbar support brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ambien 10mg #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recent FDA approved packet insert, Ambien.

Decision rationale: The request for Ambien 10 mg dose is not consistent with the recent changes in the FDA approved package insert. It has been noted that women who take Ambien 10 mg doses have an accumulated increased level in their blood associated with increased adverse effects and the new maximum amount of Ambien approved for women is 5 mg. 10 mg tablets are no longer to be used in women as the FDA has noted that this is not a safe dose. The request is not medically necessary.

1 Prescription for Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74 - 80..

Decision rationale: MTUS Chronic Pain, opioids for chronic back pain notes that opioids appear to be efficacious for short term pain relief and long term efficacy is unclear (greater than 16 weeks), but also appears limited. The date of the injury was 05/23/2001 and opioids are no longer being used short term. Besides the poor record with long term use, there is a large problem with abuse and lack of functionality. Up to one fourth of patients taking opioids exhibit aberrant medication-taking behavior. Also lifetime substance abuse in patients chronically taking opioids ranged from 36% to 56% of the patients. The request for 120 tablets was denied and 90 tablets were approved previously; these were to be used to wean the patient off opioids. This request is not medically necessary.