

Case Number:	CM14-0154453		
Date Assigned:	09/24/2014	Date of Injury:	04/08/2008
Decision Date:	10/31/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, posttraumatic headaches, insomnia, and depression reportedly associated with an industrial injury of September 21, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and multiple prior shoulder surgeries. In a Utilization Review Report dated September 19, 2014, the claims administrator partially approved a request for Norco and denied a request for Ambien outright while also denying a urine drug screen and approving a request for Remeron. The applicant's attorney subsequently appealed. In an August 21, 2014 progress note, the applicant reported 5-8/10 low back pain, neck pain, upper back pain, and headaches. The applicant was using a cane to move about. The applicant's pain levels were impacting his ability to interact with others and impacting his ability to concentrate. The applicant was also having difficulty sleeping. The applicant was not working, it was acknowledged. Norco and Prozac were renewed. The applicant was asked to continue Ambien and Remeron. The applicant was placed off of work. The applicant was asked to try meditating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, the attending provider has acknowledged. The attending provider has failed to quantify any decrements in pain or outline any material improvements in function achieved as a result of ongoing Norco usage. If anything, the information on file points to the applicant's having difficulty performing activities of daily living, concentrating, and interacting with others owing. All of the above, taken together, do not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

Ambien 10 mg: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Ambien is not, thus, indicated for the chronic, long-term, and/or scheduled use purpose for which it has been proposed here. The attending provider failed to furnish any compelling applicant-specific information or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.