

Case Number:	CM14-0163296		
Date Assigned:	10/08/2014	Date of Injury:	04/25/2012
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 has filed a claim for chronic low back pain, hypertension, depression, anxiety, neck pain, and shoulder pain, reportedly associated with an industrial injury of April 25, 2012. In a Utilization Review Report dated September 25, 2014, the claims administrator partially approved a request for Norco for weaning purposes while denying a request for Zolpidem outright. In a September 3, 2014 permanent and stationary report, it was acknowledged that the applicant was "not capable of gainful employment at present" owing to ongoing multifocal pain complaints. The applicant was declared permanent and stationary with permanent work restrictions. It was acknowledged that the applicant had been off of work for over two years, and the likelihood of the applicant's returning to work was quite slim. In a July 11, 2014 progress note, the applicant was described as having ongoing issues with depression and anxiety. Additional psychotherapy was sought. In a handwritten RFA form dated September 17, 2014, requests for Norco and Ambien were made. In a progress note of the same date, September 17, 2014, it was acknowledged that the applicant was not working. The note was extremely sparse. It was stated that the applicant was unchanged since previous visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Hydrocodone/APAP 10/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 applicant has not worked in over two years, the attending provider acknowledged in his permanent and stationary report of September 2014. The attending provider has likewise failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy with Norco. All of the above, taken together, does not make a compelling case for continuation of the requested medication. Therefore, the request was not medically necessary.

Pharmacy purchase of Zolpidem Tartrate 5mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ambien Label - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe...

Decision rationale: While the MTUS does not specifically address the topic of Zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do 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 Zolpidem is indicated for the short-term treatment of insomnia (up to 35 days). The 30-tablet two-refill supply of Zolpidem sought, by implication, implies chronic, long-term, and scheduled usage of the same. This is not an FDA-endorsed role for Zolpidem. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.