

Case Number:	CM14-0185470		
Date Assigned:	11/14/2014	Date of Injury:	11/18/2005
Decision Date:	12/16/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 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:

Pursuant to the progress note dated October 16, 2014, the IW complains of neck, shoulder, upper extremity, and back pain with associated tingling and numbness in the bilateral upper extremities. The IW was noted to have poor tolerance for repetitive activity, activities of daily living, and house chores. The physical exam noted diminished range of motion in the cervical spine with deep tendon reflexes rated 1+. The IW rated his pain at 6/10. There was tenderness to palpation over the paraspinals along the shoulder blades. Current medications include Norco, and Ambien. Documentation indicated that the IW has been taking both medications since at least May of 2014. There are 2 urine drug screens in the medical records dated August 6, 2014 and October 16, 2014. Both results were positive for Norco and Ethyl Glucuronide, which is indicative of alcohol consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#30 is not medically necessary. Chronic ongoing opiate use requires ongoing review and documentation in the medical record of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. Ongoing opiate use may also utilize urine drug testing with chronic use with appropriate frequency adjustments made if the injured worker is low risk, intermediate risk, or high risk for drug misuse/abuse. In this case, the injured worker is a 48-year-old man with a date of injury November 18, 2005. The diagnosis was cervicgia. Current medications are methadone 10 mg 60 tablets and Norco 10/325 mg once a day as needed #45 tablets and Ambien 5 mg once at night as needed. The earliest medical record shows the injured worker was on Norco since May 2014. The documentation indicates the injured worker has low tolerance for repetitive activity, activities of daily living and health chores. The medical records show urine drug testing screens that showed no aberrant or drug seeking behavior. However, the documentation did not contain pain assessments and proper pain scales to show efficacy of medication along with functional objective improvement as a result of using narcotic. Additionally, the injured worker is taking methadone in addition to the Norco and the clinical indication for two opiates is not present in the medical record. The urine drug screen dated October 16, 2014 showed alcohol present indicative of alcohol consumption. There was no clinical corroboration as to alcohol intoxication. Consequently, Norco 10/325#30 is not medically necessary. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325 #30 is not medically necessary.

Ambien 5mg #40: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ambien 5 mg #40 is not medically necessary. Benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit used to four weeks. In this case, the progress notes indicate Ambien was prescribed since May 2014. There was no objective clinical information in the medical records that assess the efficacy of Ambien. Additionally, Ambien is to be used short-term and there was no rationale or compelling clinical facts in the medical record explaining the long-term use of Ambien. Consequently, Ambien 5 mg #40 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ambien 5 mg #40 is not medically necessary.

