

Case Number:	CM14-0186159		
Date Assigned:	11/14/2014	Date of Injury:	05/16/2012
Decision Date:	12/16/2014	UR Denial Date:	10/17/2014
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 Physical Medicine & Rehabilitation 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:

This 57 year-old machine operator sustained a cumulative trauma injury to the low back and shoulders on 5/16/12 while employed by IWCO Direct Holdings, Inc. Requests under consideration include Hydrocodone (Norco) 10/325mg Tablet #60 with 2 refills, Naproxen Sodium 550mg #30, and Zolpidem 10mg QD #30. Diagnoses list chronic pain; lumbar radiculopathy; and shoulder impingement. Conservative care has included medications, physical therapy, chiropractic treatment, and modified activities/rest. Report of 9/29/14 from the provider noted the patient with ongoing chronic low back and bilateral shoulder, wrist, elbow pain with depressive symptoms. It was noted no significant change in findings or significant improvement seen from last exam. Treatment included medication refills. The requests for Hydrocodone (Norco) 10/325mg Tablet #60 with 2 refills, Naproxen Sodium 550mg #30, and Zolpidem 10mg QD #30 were non-certified on 10/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) 10/325mg Tablet #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive deterioration. The Hydrocodone (Norco) 10/325mg Tablet #60 with 2 refills is not medically necessary and appropriate.

Naproxen Sodium 550mg #30: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines; long-term use of non-steroidal anti-inflammatory drugs (NSAIDS) beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2012 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Naproxen Sodium 550mg #30 is not medically necessary and appropriate.

Zolpidem 10mg QD #30: 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 Zolpidem (Ambien) Page(s): 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines central nervous system (CNS) depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2012 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Zolpidem 10mg QD #30 is not medically necessary and appropriate.