

Case Number:	CM14-0074315		
Date Assigned:	07/16/2014	Date of Injury:	06/07/2007
Decision Date:	09/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old was reportedly injured on August 7, 2007. The mechanism of injury is undisclosed. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of low back pain. Current medications are stated to include Norco and Ambien, which increased daily ability to function and perform household chores and errands as well as better manage his pain. Pain was rated at 9/10 without medications and 4/10 with medications. The physical examination demonstrated tenderness along the lumbar spine and lumbar spine pain with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included epidural steroid injections. A request was made for Hydrocodone/Acetaminophen and was not certified in the preauthorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 10/325 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

Decision rationale: Hydrocodone/Acetaminophen is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The Chronic Pain Medical Treatment Guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; and the most recent progress note, dated May 14, 2014, indicates an objective reduction of pain and an increased ability to function and perform activities of daily living with the usage of this medication. Considering this, the request for Hydrocodone/Acetaminophen is medically necessary and appropriate.

Ambien 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress & Mental Illness chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG: Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: Zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long term use for chronic pain. The medical records indicates that the injured employee was prescribed Ambien for an extended period of time and this request does not state how many tablets or refills are requested. For these reasons, this request for Ambien is not medically necessary or appropriate.