

Case Number:	CM15-0000367		
Date Assigned:	01/09/2015	Date of Injury:	07/16/2009
Decision Date:	03/11/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 61 year old female who sustained a work related injury July 19,2009. She describes sitting in a wheeled chair that flipped over and fell onto her. She experienced immediate pain in the neck, lower back, hands and wrists. According to a primary treating physician's report dated September 24, 2014, the injured worker present for re-evaluation. She complains of persistent neck and low back pain described as aching and stabbing. Physical examination reveals she is 5 feet 2 inches and 219 pounds and walks with an antalgic gait and uses a cane. Diagnoses include C6-7 disc protrusion; right sided disc protrusion with mild stenosis at L4-5; L3-4 and L5-S1 disc bulge; left ulnar neuropathy; right wrist pain following carpal tunnel release; right DeQuervain's tenosynovitis; left carpal tunnel syndrome requiring surgery; right sided head trauma and jaw fracture secondary to a fall caused by Gabapentin; and sleep disorder secondary to weight gain. Treatment included refilling and requesting medications. According to utilization review performed December 26, 2014, the request for Norco/10/325mg (1) po q 6-9 prn#60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids. The request for Tizanidine 4 mg (1) po bid prn is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Ambien 10mg (1) po qhs prn #30 is non-certified, citing Official Disability Guidelines(ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 (every 6-8 hrs as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continueing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had any functional improvement while taking opioid analgesic medications.

Tizanidine 4mg, (2x a day as needed): 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 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. The continued use of tizanidine is not medically necessary.

Ambien 10mg, #30 (1 per day): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com Treatment of Insomnia.

Decision rationale: The MTUS is silent regarding the use of ambien for chronic insomnia. The FDA has approved the use of ambien for short-term treatment of insomnia (with difficulty of sleep onset). Ambien is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case there is no documentation that the patient has received optimal treatment of her medical conditions or any psychiatric illness or had CBT.