

Case Number:	CM15-0001197		
Date Assigned:	01/12/2015	Date of Injury:	06/22/1998
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 63 year old male patient, who sustained an industrial injury on 6/22/1998. The current diagnosis includes complex regional pain syndrome right hand. Per the doctor's note dated 12/10/2014, he had lots of pain despite norco and pain keeps him awake of night. The physical examination revealed allodynia right hand. The medications list includes lyrica, norco and zolpidem. The documentation noted that Norco and ambien were both new to the claimant and there was no history of effectiveness yet, that he is being taken off oxycodone and morphine in order to reduce and eventually eliminate the claimant's narcotics. PR2 dated 11/20/14 noted that pain was keeping the injured worker up at night, the PR2 10/10/14 noted that the injured worker would like to try to decrease the narcotics. He has had physical therapy visits for this injury. According to the utilization review performed on 12/8/14, the requested prospective use of Norco 10/325mg #120 with 4 refills has been partially certified to prospective use of generic Norco 10/325mg #60 with no refills to allow opportunity for submission of documentation regarding compliance with Chronic Pain Medical Treatment Guidelines. The requested prospective use of Ambien 10mg #30 with 5 refills has been partially certified to prospective use of generic ambien 10mg #30 with no refills in order for this medication to be considered for continued certification upon subsequent review, documentation of objective functional gain, the ODG was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Norco 10/325mg #120 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Prospective use of Norco 10/325mg #120 with 4 refillsNorco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, 'A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.' The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: 'The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.'The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided.This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of prospective use of Norco 10/325mg #120 with 4 refillsis not established for this patient.

Prospective use of Ambien 10mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (updated 02/23/15) Zolpidem (Ambien); 1/2) Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only.

Decision rationale: Request: Prospective use of Ambien 10mg #30 with 5 refillsCA MTUS does not specifically address this request.Per ODG guidelines, 'Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks)

treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term. Detailed history of insomnia since the date of injury in 1999 is not specified in the records provided. A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is recommended for short-term use only. The medical necessity of prospective use of Ambien 10mg #30 with 5 refills is not fully established for this patient at this time.