

Case Number:	CM15-0012168		
Date Assigned:	01/29/2015	Date of Injury:	09/02/1991
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: District of Columbia, Virginia
 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 62 year old male, who sustained an industrial injury on 09/02/1991. He has reported neck pain and back pain. The diagnoses have included degeneration of the intervertebral discs of the cervical and lumbar spine; and lumbago. Treatment to date has included medications. Medications have included Naprosyn, Protonix, Norco, Kadian, Baclofen, and Ambien CR. A progress note from the treating physician, dated 01/06/2015, documented a follow-up visit with the injured worker. The injured worker reported constant low back pain and neck pain; moderate crepitations on his low back with movement; pain is rated 9-10/10 without medications, and rated 5-6/10 with his current medications; and medications allow him to be functional. Objective findings included moderate tenderness to palpation of the paraspinal muscles of the cervical spine; tenderness across the neck and back; and decreased limited range of motion. The treatment plan has included continuation and request for medications; and follow-up evaluation as scheduled. On 01/12/2015 Utilization Review modified a prescription for Norco 10/325 mg #240, to Norco 10/325 mg #101; and noncertified a prescription for Ambien CR 12.5 mg #30. The CA MTUS and ODG were cited. On 01/21/2015, the injured worker submitted an application for IMR for review of a prescription for Norco 10/325 mg #240; and a prescription for Ambien CR 12.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 75,94-100.

Decision rationale: Per MTUS: norco is a short acting opiate. Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of shortacting agents due to their adverse effects. The duration of action is generally 3-4 hours. Shortacting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002) Chronic usage of this medication would not be indicated and weaning should have been completed at this point in time.

Ambien CR 12.5mg #30: 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), Pain Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation odg insomnia chapter

Decision rationale: Per ODG guidelines, Ambien is a short-acting sedative hypnotic. It is used to treat insomnia for about 2-6 weeks. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. 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 (Feinberg 2008). See insomnia treatment. Ambien CR offers no significant clinical advantage over regular release ambien. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in insomnia treatment. (ambien and ambien CR package insert). Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy but better long-term outcomes were achieved when ambien IR was discontinued and maintenance of CBT continued (Morin 2009). The patient had been on this therapy for over this time period and there was no medical establishment of this medication found. It is therefore not medically indicated.

