

Case Number:	CM15-0012839		
Date Assigned:	01/30/2015	Date of Injury:	06/02/2010
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 06/02/2010. The mechanism of injury was lifting. His diagnoses include status post right hernia repair with complications, status post traumatic amputation of the right index finger, and chronic pain in the right hand. His past treatments were noted to include surgeries and medications. At his follow up visit on 11/19/2014, the injured worker indicated that he had not taken any medications for 3 months as insurance would not cover the medications. A urine drug screen performed on that date was positive for tramadol, desmethyltramadol, amphetamine, and methamphetamine. On 11/24/2014, the injured worker was given prescriptions for Norco 10/325 mg twice a day and Ambien 10 mg to be used at bedtime. At his follow up appointment on 12/23/2014, the injured worker presented for medication refills and reported continued pain in his groin and gluteus. His physical examination revealed evidence of a right index finger amputation with no signs of infection. He was given refills on Norco and zolpidem. Urine drug screening performed on that date was consistent with hydrocodone, but did not detect zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpiderm tartrate 10mg quantity 45: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines state that zolpidem is not recommended for long term use, and use should be limited to 2 to 6 weeks, as this medication can be habit forming and may impair function and memory. The clinical information submitted for review indicated the injured worker was prescribed zolpidem on 11/24/2014. Therefore, he has exceeded the maximum recommended duration of use of 6 weeks, and ongoing use is not supported. In addition, the injured worker had 2 inconsistent urine drug screens in 11/2014 and 12/2014, with the 12/2014 test showing negative for zolpidem. Therefore, additional documentation is needed to explain the inconsistent results and possible noncompliance with his medication regimen. For the reasons noted above, and as the request as submitted did not indicate a frequency, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): (s) 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing use of opioid medications should depend on detailed documentation of pain relief, functional improvement, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated that the injured worker was recently restarted on Norco on 11/24/2014. At his followup visit on 12/23/2014, the documentation did not include measurable evidence of sufficient pain relief, documentation of functional improvement, or documentation addressing adverse side effects and aberrant behavior. In addition, while he was noted to have hydrocodone on his more recent urine drug screen, the documentation did not address his previous inconsistent result, which may indicate noncompliance and risk for abuse. Additionally, the request as submitted did not include a frequency. For these reasons, the request is not medically necessary.