

Case Number:	CM15-0018220		
Date Assigned:	02/06/2015	Date of Injury:	09/13/2005
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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 48 year old female who sustained a work related injury September 13, 2005. According to a pain medicine evaluation dated December 10, 2014, the physician documents she is complaining of neck pain which radiates down bilateral upper extremities with numbness to the level of the hands with frequent muscle spasms in the bilateral neck area. There is low back pain with radiation down the bilateral lower extremities with numbness to the feet, level of the toes, with tingling and weakness and frequent muscle spasms. There are ongoing headaches and insomnia due to pain along with gastrointestinal upset including constipation which is medication associated. Diagnoses included cervical and lumbar radiculopathy; s/p fusion lumbar spine; chronic pain; s/p removal of hardware; and dental trauma associated with chronic medications used for injury. Treatment plan included requests for authorization of medications. According to utilization review dated December 29, 2014, the request for Ibuprofen 600mg (1) Q8H #90 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Norco 10/325mg (1) Q6H #120 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Ambien 10mg QHS #30 is non-certified, citing ODG (Official Disability Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 MG 1 Every 8 Hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68,72.

Decision rationale: Per MTUS chronic usage of this medication would not be indicated and would be recommended for short term usage. Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain.

Norco 10/325 MG 1 Every 6 Hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,79-95.

Decision rationale: Norco is an 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.

Ambien 10 MG Every Hour #30: Upheld

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

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

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.