

Case Number:	CM15-0019147		
Date Assigned:	02/09/2015	Date of Injury:	05/10/2007
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
 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 sustained an industrial injury on 5/10/07. The injured worker reported symptoms in the right knee and back. The diagnoses included lumbar degenerative disc disease with severe foraminal stenosis at L5-S1, cervical spine sprain/strain syndrome with radiculopathy with cervicogenic headaches, bilateral upper extremity radiculopathy, thoracic spine mild sprain/strain syndrome, left should arthroscopy in May of 2009, status post left hip total hip replacement on 9/22/10, right knee internal derangement. Treatments to date include spinal cord stimulator, oral pain medications, trigger point injections, physical therapy. In a progress note dated 1/14/15 the treating provider reports the injured worker was with "ongoing pain in "His right knee also noting that the right knee pain "often exacerbates his low back pain, as well." On 1/29/15 Utilization Review non-certified the request for Norco 10/325 milligrams quantity of 240, Xanax 1 milligrams quantity of 60 and Ambien 10 milligrams quantity of 30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: 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): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his lower back and right knee. The patient is currently taking Norco, Anaprox, Xanax, Cialis, Ambien and Prilosec. The patient has been utilizing Norco since at least 07/12/13. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 As --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the treating physician provides narcotic agreement and drug screening reports on 09/11/13, 03/21/14 and 01/14/15. The treating physician discusses analgesia and aberrant behavior/side-effects, but the treating physician does not discuss all 4 A's as required by MTUS guidelines. The treating physician provides a general statement indicating that the combination of Norco and Anaprox allows him to function throughout the day and do the normal ADLs Norco gives him 50% pain relief and he cannot function without it. However, the provided reports do not show functional measure. No specific ADL changes are noted showing significant improvement. Partial relief is mentioned but no before and after pain scales showing significant analgesia. No outcome measures are provided as required by MTUS. General statements showing that the requirements are met are inadequate. Therefore, the request is not medically necessary.

Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain and weakness in his lower back and right knee. For benzodiazepines, the MTUS Guidelines page 24 states, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. In this case, the patient has been utilizing Xanax since at least 07/12/13. The MTUS Guidelines recommends maximum of 4 weeks due to unproven efficacy and risk of dependence. The requested Xanax is not medically necessary.

Ambien 10mg #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 Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

Decision rationale: The patient presents with pain and weakness in his lower back and right knee. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: Zolpidem --Ambien --generic available--, Ambien CR-- is indicated for the short-term treatment of insomnia with difficulty of sleep onset --7-10 days--. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. In this case, the patient has been suffering from insomnia for which this medication may be indicated. However, there is no indication that this medication is to be used for a short-term. The review of the reports shows that the patient has been utilizing Ambien since at least 07/12/13. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The request is not medically necessary.