

Case Number:	CM15-0111555		
Date Assigned:	06/18/2015	Date of Injury:	08/19/2001
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female who sustained an industrial injury on 08/19/2001. Mechanism of injury occurred when she was moving a box spring and she slipped, and hurt her low back. Diagnoses include cervical spondylosis without myelopathy, lumbago and long term use of other medications. Treatment to date has included diagnostic studies, medications, physical therapy, massage therapy, chiropractic treatment and acupuncture and home exercises. The injured worker demonstrates increased activity and functionality on opiate therapy. Medications include Norco, Arthrotec, Docusate Sodium, Hydrochlorothiazide, Prevacid, Lopressor, Effexor and Zolpidem. A physician progress note dated 05/07/2015 documents the injured worker complains of chronic low back pain and neck pain. She rates her pain as 6-7 out of 10. She also complains of some numbness and some pins and needles shooting down into her bilateral lower legs and also pain in her neck with similar symptoms but radiating up and she states into headaches. NSAIDs do not provide adequate relief from pain. The goal is to decrease the injured workers narcotic use by 70-80 percent and increase her quality of life. On examination she has tenderness at the cervical spine, and axial loading of the cervical spine worsens the pain. Neck range of motion is limited by pain. There is C5/6 dermatome hyperalgesia bilaterally. The treatment plan is to continue opiate therapy as she has increased functionality and side effects are minimal and controllable. A urine drug screen was done on this date. Treatment requested is for Ambien 10mg quantity 30, and Norco 10/325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck and low back pain. When seen, pain was rated at 6-7/10. There was decreased cervical spine range of motion with tenderness. There was cervical facet joint tenderness and decreased upper extremity sensation bilaterally. Norco was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. A previous evaluation in February 2015 references Norco as ineffective. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, Norco is documented as being ineffective. Continued prescribing is not medically necessary.

Ambien 10mg quantity 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, Mental Illness and Stress, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck and low back pain. When seen, pain was rated at 6-7/10. There was decreased cervical spine range of motion with tenderness. There was cervical facet joint tenderness and decreased upper extremity sensation bilaterally. Norco was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. A previous evaluation in February 2015 references Norco as ineffective. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien is not medically necessary.

