

Case Number:	CM15-0118420		
Date Assigned:	06/26/2015	Date of Injury:	05/21/2003
Decision Date:	08/06/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Family Practice

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 64 year old female, who sustained an industrial injury on May 21, 2003, incurring both hands and wrists injuries. She was diagnosed with arthritis of the right hand and left thumb synovitis and carpal tunnel syndrome. Treatment included pain medications, sleep aides, transcutaneous electrical stimulation unit, splinting and work modifications. Currently, the injured worker complained of right hand pain and insomnia and sleep disturbances. Upon examination, there was bilateral wrist and thumb tenderness worse at night. The treatment plan that was requested for authorization included prescriptions for Norco and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the long-term use of opioids due to the development of habituation and tolerance. In this case, tolerance is noted as the dosage of Norco has been increased. As noted in the MTUS guidelines, opioid tolerance develops with the repeated use of opioids, brings about the need to increase the dose, and may lead to sensitization. The guidelines state that analgesia may not occur with open-ended escalation of opioids and analgesia is not always sustained over time. The guidelines state that pain may be improved with weaning of opioids. Furthermore, the medical records do not establish attempts with non-narcotic medications. Opioids are not supported as first line treatment for chronic pain. The medical records note that prior Utilization Review has allowed for modification of Norco, The ongoing use of Norco is not supported. The request for Norco 10/325mg #120 is not medically necessary and appropriate.

Ambien 10mg #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, Stress & Mental Illness, Zolpidem (Ambien).

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/ Zolpidem (Ambien).

Decision rationale: According to the Official Disability Guidelines, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. As noted in ODG, according to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The ongoing use of sleep aid such as Ambien is not supported. As noted in ODG, hyptonics can be habit-forming, and they may impair function and memory more than opioid pain relievers. The request for Ambien 10mg #30 is not medically necessary and appropriate.