

Case Number:	CM15-0122176		
Date Assigned:	07/06/2015	Date of Injury:	06/24/2006
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, 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 56 year old female who sustained an industrial injury on 06/24/2006. Mechanism of injury was a slip and fall injuring her right knee and low back. Diagnoses include sacroiliitis, low back pain, degenerative disc disease of the lumber region, chronic pain due to trauma, neck pain, facet arthropathy, insomnia, pain in the shoulder joint, and anxiety and depression. Treatment to date has included diagnostic studies, status post knee arthroscopy in 2010, cataract extraction in 2010, and carpal tunnel release in 2012, medications, therapy, and cognitive behavioral therapy. Her current medications include Ambien CR, Buprenorphine Hcl, Norco, Zoloft, Neurontin, Klonopin, Levoxyl, Vitamin E, Calcium/Magnesium and Zinc tablet, and Vitamin C. She is unable to work. A physician progress note dated 05/26/2015 documents the injured worker has complaints of low back pain that was described as severe, worsening and persistent. She rates her pain as 9 out of 10 on average for the last month. Treatment requested is for 1 prescription of Ambien CR 12.5mg #30, 1 prescription of Buprenorphine HCL 2mg #60, and 1 prescription of Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Buprenorphine with small improvement in pain and function. There was no mention of failure of Tricyclic medications or weaning attempt. The continued use of Norco is not medically necessary.

1 prescription of Buprenorphine HCL 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Buprenorphine 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 24-25.

Decision rationale: Buprenorphine is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant had been on Nuprnorphine along with Norco for months, As a result, the use of Buprenorphine patches is not medically necessary.

1 prescription of Ambien CR 12.5mg #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 & Stress: Zolpidem 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia ad pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with

difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Pain and depression contributed to the sleep difficulty rather than a primary sleep disorder. Continued use of Zolpidem (Ambien) is not medically necessary.