

Case Number:	CM15-0122892		
Date Assigned:	07/07/2015	Date of Injury:	01/10/2007
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
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 68-year-old female, who sustained an industrial injury on 1/10/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar facet arthropathy and post laminectomy syndrome. Recent lumbar magnetic resonance imaging was inconclusive due to extensive metal artifact from prior surgery. Treatment to date has included knee injection, pain pump, and therapy and medication management. In a progress note dated 5/14/2015, the injured worker complains of back pain rated 3-4/10 and improved knee pain. Physical examination showed left knee tenderness, swelling, decreased range of motion and crepitus and decreased lumbar range of motion. The treating physician is requesting Norco 10/325 mg #180 and Ambien 12.5 mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar DDD; lumbar facet arthropathy; and post laminectomy syndrome. The date of injury is January 10, 2007. The request for authorization is dated June 1, 2015. Documentation indicates Norco 10/325mg started January 5, 2015. The documentation shows Ambien started December 14, 2013. Other medications include a pain pump that dispenses fentanyl, Fioricet, Xanax and Relafen. Documentation from a May 14, 2015 note subjectively states the injured worker has ongoing knee and back pain. The injured worker's pain pump delivers 8 bolus per day with adequate pain control. The injured worker takes Norco 10/325 mg eight per day although the provider's recommendations are no more than six per day. The injured worker was able to walk the 10 minutes a day. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There are no risk assessments. There are no detailed pain assessments. There has been no attempt to wean Norco 10/325mg. Consequently, absent clinical documentation with documentation demonstrating objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Norco 10/325mg # 180 is not medically necessary.

Ambien 12.5 MG #90 with 1 Refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 12.5 mg #90 with 1 refill is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-

release products (Ambien CR). In this case, the injured worker's working diagnoses are lumbar DDD; lumbar facet arthropathy; and post laminectomy syndrome. The date of injury is January 10, 2007. The request for authorization is dated June 1, 2015. Documentation indicates Norco 10/325mg started January 5, 2015. The documentation shows Ambien started December 14, 2013. Other medications include a pain pump that dispenses fentanyl, Fioricet, Xanax and Relafen. Documentation from a May 14, 2015 note subjectively states the injured worker has ongoing knee and back pain. The injured worker's pain pump delivers 8 bolus per day with adequate pain control. The documentation shows Ambien was started December 14, 2013. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. There is no documentation demonstrating objective functional improvement to support ongoing Ambien. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). The treating provider prescribed Ambien 12.5 mg. The guidelines recommend reducing the dose from 12.5 mg to 6.25 mg. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Ambien and a dose correction from 12.5 mg to 6.25 mg, Ambien 12.5 mg #90 with 1 refill is not medically necessary.