

Case Number:	CM15-0170178		
Date Assigned:	09/10/2015	Date of Injury:	02/20/2011
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Preventive Medicine, Occupational 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 50 year old female who sustained an industrial injury on 02-20-2011. Initial injuries occurred to the head, neck, shoulders, back, and jaw after slipping and falling on ice and landing on her head. Other complaints included hearing loss, vision symptoms, and sinus issues. Current diagnoses include cervical sprain-strain, cervical paraspinal muscle spasms, cervical disc herniation, cervical radiculitis-radiculopathy, and chronic pain. Report dated 06-11-2015 noted that the injured worker presented with complaints that included worsening pain in the cervical spine with limited range of motion and radiation to the arms. Physical examination was positive for progressive weakness, cervical paraspinal muscle spasms, and severe cervical pain with deep palpation with radiation to the corresponding dermatomes. Previous diagnostic studies included urine toxicology screenings. Previous treatments included medications, chiropractic, physical therapy, cervical epidural injections, home exercise, and acupuncture. The treatment plan included request for cervical epidural steroid injection, prescribed Norco, omeprazole, and Ambien. The injured worker has been prescribed Norco since at least 04-30- 2015 and Ambien since at least 06-11-2015. The utilization review dated 07-31-2015, non- certified the requests for Norco, omeprazole, and Ambien based on the following rationale. Norco was denied based on inconsistent urine drug screening results performed on 06-11-2015 with no explanation provided. Omeprazole was denied based on the injured worker stopping the opioid medication and there is no reason to continue due to the medications side effects. Ambien was denied based on guidelines not supporting long term use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (qty not specified), 1 tablet by mouth every 8 hrs as needed for pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, screening for risk of addiction (tests).

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least May of 2015, without objective documentation of functional improvement or significant decrease in pain. Additionally, a recent urine drug screen has revealed inconsistencies and aberrant behavior. There is no dosage information associated with this request. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg (qty not specified), 1 tablet by mouth every 8 hrs as needed for pain is determined to not be medically necessary.

Omeprazole 20 mg (qty not specified), 1 tablet by mouth daily as needed for gastritis:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. There is no evidence in the available documentation that the injured worker is being prescribed NSAIDs. There is no quantity information included with this request. The request for Omeprazole 20 mg (qty not specified), 1 tablet by mouth daily as needed for gastritis is determined to not be medically necessary.

Ambien 10 mg (qty not specified), 1 tablet by mouth every 8 hrs as needed for insomnia:
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 - Insomnia treatment; 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/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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 whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. There is no quantity information included with this request. The request for Ambien 10 mg (qty not specified), 1 tablet by mouth every 8 hrs as needed for insomnia is determined to not be medically necessary.