

Case Number:	CM15-0170310		
Date Assigned:	09/10/2015	Date of Injury:	06/29/2000
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
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: Physical Medicine & Rehabilitation

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 57 year old female injured worker suffered an industrial injury on 6-28-2000. The diagnoses included lumbago and knee joint pain. On 4-6-2015 the pain was rated 7 out of 10 with medication. On 7-24-2015 the treating provider reported continued pain in the back and knees. She used 8 tablets of Hydrocodone a day. The pain was rated 6 out of 10 with medications and 9 out of 10 without medications. She continued to report insomnia. On exam the knees had decreased range of motion and tenderness. The lumbar spine was tender at the facet joint with reduced range of motion. Prior treatments included Ambien and Norco 10mg-325mg at least since 2-19-2015. At visit 4-16-2015 she was using Sonata for insomnia. On 6-25-2015 she was using Ambien for insomnia. The diagnostics included consistent urine drug screen 3-5-2015, 4-6-2015, 5-22-2015, 6-25-2015, and 7-24-2015. The injured worker had not returned to work. The Utilization Review on 8-14-2015 determined modification for Hydrocodone/APAP 10/325mg #240 for fifty two day supply to #120 and non-certified Ambien tab 10mg #30 three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #240 for fifty two day supply: 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dosing.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2000 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone/APAP 10/325mg #240 for fifty two day supply is not medically necessary and appropriate.

Ambien tab 10mg #30 three refills: 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) Treatment Index, 13th Edition (web) 2015, 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 (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic

injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien tab 10mg #30 three refills is not medically necessary and appropriate.