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| Case Number: | CM15-0171053 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 11/02/2010 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male, who sustained an industrial injury on November 2, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical sprain and strain, lumbar sprain and strain, right knee sprain and strain, left knee sprain and strain, right ankle sprain and strain and left ankle sprain and strain. Treatment to date has included medication. On July 22, 2015, the injured worker complained of cervical spine pain rated an 8.5, lumbar spine pain rated a 7, right knee pain rated an 8, left knee pain rated a 7, right ankle pain rated a 7.5 and left ankle pain rated a 6 on a 0-10 pain scale. Quality of sleep was not indicated in the report. Medication and rest were noted to provide pain relief. The treatment plan included Norco, Voltaren and Ambien medication. On August 17, 2015, utilization review denied a request for Norco 10-325mg quantity 60, Voltaren 100mg quantity 30 and Ambien 10mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: 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.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.' According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.

Voltaren 100mg quantity 30: 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 (non-steriodal anti-inflammatory drugs).

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS guidelines, Diclofenac is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. Voltaren was used since April 2015 without documentation for functional improvement. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. There is no documentation that the drug was used for the lowest dose and shortest period. Therefore, the request for Diclofenac Sodium ER (Voltaren) 100mg Qty: 30 with 2 refills is not medically necessary.

Ambien 10mg quantity 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, Pain (Chronic): Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics

(Benzodiazepine-receptor agonists

(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long term use to treat sleep problems. There is no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.