

Case Number:	CM15-0177468		
Date Assigned:	10/09/2015	Date of Injury:	03/19/2001
Decision Date:	11/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This is a 52 year old male who sustained a work-related injury on 3-19-01. Medical record documentation on 7-21-15 revealed the injured worker was being treated for post traumatic head syndrome, post traumatic headaches, post-traumatic vertigo and memory dysfunction, and cervical strain with right side radiculitis. He reported neck pain with radiation of pain to the scapular right greater than left area with intermittent tingling and numbness in the bilateral upper extremities, headaches, dizziness, memory dysfunction, scar sensitivity and secondary depression and insomnia. He reported that with his pain medications, his pain level was 5 on a 10-point scale (5 on 7-10-15) and without medications the pain level was 8 on a 10-point scale (8 on 7-10-15). The opioid medication allowed him to perform activities of daily living. Objective findings included a moderately antalgic gait due to bilateral knee pain. He had slight to moderate spasm of the paracervical muscles. Her cervical spine range of motion included flexion at 80% of normal, extension of 50% of normal and bilateral lateral flexion at 60% of normal. Spurling's sign was negative on lateral flexion. His medications included Norco 10-325 mg (since 1-7-15), Naproxen sodium 550 mg, Zoloft 50 mg, Pamelor 25 mg, Ambien CR 12.5 mg (since 1-7-15) and Omeprazole 20 mg. A request for Norco 10-325 mg #90 and Ambien CR 12.5 mg #30 was received on 7-29-15. On 8-6-15, the Utilization Review physician determined Norco 10-325 mg #90 and Ambien CR 12.5 mg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: 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, Weaning of Medications.

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. In this case, the injured worker had been prescribed Norco for a long period with inconsistent pain relief and lack of functional benefit. 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 #90 is not medically necessary.

Ambien CR 12.5 mg #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 (ODG), Pain Chapter, Ambien Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications. 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. For example, 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. In this case, Ambien has been prescribed since June-2012 and has not been recommended in multiple utilization reviews. 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. The request for Ambien CR 12.5 mg #30 is not medically necessary.