

Case Number:	CM15-0178549		
Date Assigned:	09/18/2015	Date of Injury:	09/23/1997
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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: Family Practice

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 71 year old female, who sustained an industrial injury on 9-23-1997. The medical records indicate that the injured worker is undergoing treatment for musculoligamentous sprain-strain of the cervical spine, cervical spine contusion, multiple cervical disc protrusions, multiple lumbar disc protrusions, status post lumbar fusion, failed back surgery syndrome, depression and anxiety, and insomnia. According to the progress report dated 7-1-2015, the injured worker complains of neck pain. She notes that her neck pain is increasing in severity, radiating down the left upper extremity. She further reports that the pain prevents her from adequate sleep. The level of pain is not rated. The physical examination of the cervical spine reveals pain, tenderness, and spasm to palpation, decreased motor strength (4 out of 5) in the bilateral upper extremities, decreased sensation to light touch over the C3-4, C4-5, C5-6, and C6-7 dermatomes, and restricted and painful range of motion. Examination of the lumbar spine reveals tenderness diffusely across the low back, restricted and painful range of motion, diminished reflexes bilaterally, decreased motor strength, positive sciatic and femoral tension signs bilaterally, and loss of lumbar lordosis. The current medications are Norco and Intermezzo. There is documentation of ongoing treatment with Norco and Intermezzo since at least 3-11-2015. Treatment to date has included medication management, MRI studies, cervical epidural steroid injection, and surgical intervention. Work status is not specified. The original utilization review (8-13-2015) had non-certified a request for Norco and Intermezzo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioids for chronic pain.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. Furthermore, the current morphine equivalent dosage is 60 and per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include hypogonadism, erectile dysfunction, decreased libido, osteoporosis, and depression. The request for Norco 10/325mg #180 is not medically necessary and appropriate.

Intermezzo 1.75 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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/Zolpidem.

Decision rationale: According to ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Per ODG, these medications 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. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The request for Intermezzo 1.75 #30 is not medically necessary and appropriate.