

Case Number:	CM15-0025210		
Date Assigned:	02/17/2015	Date of Injury:	10/13/1999
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58-year-old female, who sustained an industrial injury on 10/13/99. She has reported back injury. The diagnoses have included back pain, post laminectomy lumbar, adjustment reaction with prolonged depressive reaction, degenerative disc disease and lumbar radiculopathy. Treatment to date has included lumbar laminectomy, oral medications and physical therapy. Currently, the injured worker complains of low back pain and buttock pain with radiation down left lower extremity with associated left lower extremity numbness to foot. Progress note dated 11/12/14 revealed the pain is worse at night and sleep is helped by Ambien. Current medication regimen provides positive analgesia without intolerable adverse effects. On 1/29/15 Utilization Review non-certified Norco 10/325mg #200 and Ambien CR 12.5 mg #20, noting they are not medically necessary. The MTUS, ACOEM Guidelines, was cited. On 2/5/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #200 and Ambien CR 12.5 mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Quantity 200 , unspecified refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26; MTUS (Effective July 18, 2009) Page 75-78, 88, 91 of 127 Page(s): 75-78, 88, 91 of 127.

Decision rationale: I respectfully disagree with the UR physician. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The attached medical record does document an objective decrease in pain, increased ability to function, as well as the absence of side effects and aberrant behavior. As such, this request for continue usage of Norco is medically necessary.

Ambien CR 12.5mg Quantity: 20, unspecified 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) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress, zolpidem, updated March 25, 2015.

Decision rationale: The official disability guidelines does not recommend long-term usage of Ambien ER due to concerns of tolerance as well as concerns that they can impair function and memory. This medication may also actually increase pain and depression over the long-term. Usage is recommended to be limited to six weeks time. Considering this, this request for Ambien is not medically necessary.