

Case Number:	CM15-0037515		
Date Assigned:	03/05/2015	Date of Injury:	02/09/2012
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania, Ohio, 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 injured worker is a 48 year old female, who sustained an industrial injury reported on 2/9/2012. On 12/10/2014, she reported right shoulder pain and headache, increased by weather and stress, and that Oxycodone is not quite enough. The diagnoses were noted to include headache; should region disease. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; chiropractic treatments; injection therapy; right shoulder surgery; and medication management. The work status classification for this injured worker (IW) was noted to be permanently disabled. On 2/6/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 2/3/2015, for Norco 10/325mg #120 - to #72; and non-certified, for medical necessity, the request for Ambien 10mg #30 with 2 refills. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioid therapy for chronic pain; and Non-Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine Guidelines, opioids, weaning of medications; and the Official Disability Guidelines, chronic pain, Zolpidem/Ambien, opioids, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 2 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) Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers's Compensation/Pain/ Insomnia Treatment does discuss Ambien/ Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Xanax 2mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.