MAXIMUS Federal Services

Case Number:	CM15-0064032		
Date Assigned:	04/10/2015	Date of Injury:	03/07/2005
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/03/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female, who sustained an industrial injury on 3/07/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical sprain/strain, lumbosacral sprain/strain, right shoulder impingement, right upper extremity sprain/strain, and status post bilateral carpal tunnel release. Treatment to date has included diagnostics, psychiatry, and medications. Currently, the injured worker complains of constant right leg pain with radiation to the feet, constant upper back pain, constant right shoulder pain, and neck pain. Pain was not rated and current medication use included Percocet, Norco (use noted for greater than 1 year), Prilosec, and Anaprox. She was currently not working. The current treatment plan included medication requests for Ambien and Norco. An Agreed Psychiatric Panel Qualified Medical Evaluation (1/02/2015) noted complaints of depression, anxiety, lack of sexual drive, lack of comprehension, and hallucinations (visual and auditory). She reported sleeping poorly at night. Psychiatry medications included Seroquel, Effexor XR, Cogentin, Klonopin, Celexa, Ambien, and Vistaril. A prior referral was referenced in 2006, noting treatment for sleeplessness with Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg HS, #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.

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

Decision rationale: Ambien 10mg HS, #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They 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. The documentation indicates that the patient has been on Ambien long term without any evidence of functional improvement or efficacy. The ODG does not recommend this medication long term. The request for continued Ambien is not medically necessary.

Norco 10/325mg every 4 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24 MTUS (Effective July 18, 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg every 4 hours #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.