

Case Number:	CM15-0067368		
Date Assigned:	04/15/2015	Date of Injury:	07/25/1997
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, 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:

The applicant is a represented 58-year-old who has filed a claim for chronic knee, shoulder, and foot pain reportedly associated with an industrial injury of July 27, 1997. In a Utilization Review report dated March 28, 2015, the claims administrator failed to approve requests for Norco and Ambien. The claims administrator referenced a March 12, 2015 progress note in its determination. The applicant and/or applicant's attorney subsequently appealed. In an appeal letter dated April 2, 2015, the applicant acknowledged that she was not working. The applicant stated that she had difficulty ambulating owing to ongoing foot pain complaints. The applicant stated that her pain complaints were keeping her confined to her home. The applicant stated that Ambien was allowing her to sleep. The applicant stated that she felt she was deriving appropriate analgesia from ongoing medication consumption. In a March 11, 2015 progress note, the applicant reported ongoing complaints of right lower extremity pain. The applicant had a variety of other pain generators, including left shoulder pain, wrist pain, upper extremity paresthesias, etc. The applicant's medication list included Effexor, Ambien, and Norco. The applicant was also using dietary supplements, it was acknowledged. The attending provider stated that there was no clear or compelling evidence of reflex sympathetic dystrophy (RSD). No explicit discussion of medication efficacy transpired. The attending provider stated that the applicant had remained quite hypersensitive to touch insofar as the affected foot was concerned. The attending provider stated that he would follow up with the applicant approximately every six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, she herself acknowledged in her appeal letter. The applicant continued to report difficulty-performing activities of daily living as basic as standing and walking. It was reported both by the applicant in her appeal letter of April 2, 2015 and by the treating provider in his progress note of March 11, 2015. The treating provider's progress note of March 11, 2015, it is further noted, failed to outline any quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request in question seemingly represents a renewal request for Ambien. The treating provider seemingly suggested that the applicant had been using Ambien for a minimum of several months. Such usage, however, is incompatible with the FDA label. The attending provider failed to furnish any compelling evidence or applicant-specific rationale, which would support such usage. Therefore, the request was not medically necessary.