

Case Number:	CM15-0092272		
Date Assigned:	05/18/2015	Date of Injury:	09/07/1996
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 66 year old male who sustained an industrial injury on 09/09/96. Initial complaints and diagnoses are not available. Treatments to date include medications and multiple surgeries. Diagnostic studies are not addressed. Current complaints include pain in the right side of his ribs and occasionally on the left. Current diagnoses include chronic pain due to trauma, pain in the thoracic spine, and other disorders of bone and cartilage. In a progress note dated 04/28/15 the treating provider reports the plan of care as medications including Opana, Ambien, Norco, and tramadol. He has been on this regimen since at least 09/11/14. He is noted to have greater than 50% relief of pain with the current regimen and is able to engage in self-care activities. The requested treatments include Norco, tramadol, Ambien, and Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 04/28/15 progress report provided by treating physician, the patient presents with pain to rib and groin, rated 5/10 with and 9/10 without medications. The patient experiences "a constant tear sensation on the right side of his ribs and occasionally on the left. The patient is status post 4 surgeries to the bilateral ribs, unspecified dates. The request is for AMBIEN 10MG #60. RFA not provided. Patient's diagnosis on 04/28/15 included chronic pain due to trauma, and pain in thoracic spine. Treatment included surgeries and medications. Patient's medications include Ambien, Norco, Tramadol, Opana ER, and Synthroid. The patient is on disability, per 03/30/15 report. Treatment reports were provided from 09/11/14 - 04/28/15. ACOEM and MTUS Guidelines do not address Ambien. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. 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. (Feinberg, 2008)" Per 02/24/15 report, the patient "has difficulty sleeping due to pain." Ambien has been included in patient's medications, per treater reports dated 09/11/14, 01/29/15 and 04/28/15. Ambien has been prescribed at least since 09/11/14, which is 8 months from UR date of 05/11/15. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. The request is not accordance with guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/3325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 04/28/15 progress report provided by treating physician, the patient presents with pain to rib and groin, rated 5/10 with and 9/10 without medications. The patient experiences "a constant tear sensation on the right side of his ribs and occasionally on the left. The patient is status post 4 surgeries to the bilateral ribs, unspecified dates. The request is for NORCO 10/325MG #90. RFA not provided. Patient's diagnosis on 04/28/15 included chronic pain due to trauma, and pain in thoracic spine. Treatment included surgeries and medications. Patient's medications include Ambien, Norco, Tramadol, Opana ER, and Synthroid. The patient is on disability, per 03/30/15 report. Treatment reports were provided from 09/11/14 - 04/28/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or

validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications, per treater reports dated 09/11/14, 01/29/15 and 04/28/15. Per 04/28/15 report, treater states with medications "functionality is decreased by 80%. With medication [the patient] is able to help with light house chores, go for walks, drive, help cook light meals and is able to spend quality time with his wife. Maintaining ADL's, no side effects and no aberrant behavior, patient has reached therapeutic tolerance with maintenance regimen." Provided lab report dated 08/21/14 revealed results consistent with prescribed medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Tramadol 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 04/28/15 progress report provided by treating physician, the patient presents with pain to rib and groin, rated 5/10 with and 9/10 without medications. The patient experiences "a constant tear sensation on the right side of his ribs and occasionally on the left. The patient is status post 4 surgeries to the bilateral ribs, unspecified dates. The request is for TRAMADOL 50MG #120. RFA not provided. Patient's diagnosis on 04/28/15 included chronic pain due to trauma, and pain in thoracic spine. Treatment included surgeries and medications. Patient's medications include Ambien, Norco, Tramadol, Opana ER, and Synthroid. The patient is on disability, per 03/30/15 report. Treatment reports were provided from 09/11/14 - 04/28/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Tramadol has been included in patient's medications, per treater reports dated 09/11/14, 01/29/15 and 04/28/15. Per 04/28/15 report, treater states with medications "functionality is decreased by 80%. With medication [the patient] is able to help with light house chores, go for walks, drive, help cook light meals and is able to spend quality time with his wife. Maintaining ADL's, no side effects and no aberrant behavior, patient has reached therapeutic tolerance with maintenance regimen." Provided lab report dated

08/21/14 revealed results consistent with prescribed medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Opana ER 30mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 04/28/15 progress report provided by treating physician, the patient presents with pain to rib and groin, rated 5/10 with and 9/10 without medications. The patient experiences "a constant tear sensation on the right side of his ribs and occasionally on the left. The patient is status post 4 surgeries to the bilateral ribs, unspecified dates. The request is for OPANA ER 30MG #60. RFA not provided. Patient's diagnosis on 04/28/15 included chronic pain due to trauma, and pain in thoracic spine. Treatment included surgeries and medications. Patient's medications include Ambien, Norco, Tramadol, Opana ER, and Synthroid. The patient is on disability, per 03/30/15 report. Treatment reports were provided from 09/11/14 - 04/28/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Opana ER has been included in patient's medications, per treater reports dated 09/11/14, 01/29/15 and 04/28/15. Per 04/28/15 report, treater states with medications "functionality is decreased by 80%. With medication [the patient] is able to help with light house chores, go for walks, drive, help cook light meals and is able to spend quality time with his wife. Maintaining ADL's, no side effects and no aberrant behavior, patient has reached therapeutic tolerance with maintenance regimen." Provided lab report dated 08/21/14 revealed results consistent with prescribed medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.