

Case Number:	CM15-0094213		
Date Assigned:	05/20/2015	Date of Injury:	10/09/2008
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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 55 year old male, who sustained an industrial injury on 10/9/08. He reported initial complaints of right elbow, right shoulder, right knee, lower back, hernia, puncture to right wrist, right eye injury and pulmonary condition. The injured worker was diagnosed as having chronic irritant-induced asthma due to smoke inhalation exposure; spinal stenosis with persistent lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injection (11/18/13); medications. Diagnostics included MRI lumbar spine (8/9/13); CT scan chest (10/29/14); x-rays lumbar spine (10/22/14). Currently, the PR-2 notes dated 4/22/15 indicated the injured worker complains of a flare-up of his back since three weeks ago. There is no injury or change in activity level. He always has back aggravated by certain activities. He takes medications sparingly as the provider notes, prior to last flare-up; he did not take Norco for three weeks. The pain he is experiencing started with sharp electric type pain going from the neck down to both buttocks. It subsided somewhat but he still has numbness in this right thigh and intermittent pain in both legs. On physical examination, his gait pattern is normal. There is tightness in the right paraspinal muscle. His range of motion is limited on extension and there is no focal weakness on manual muscle testing. His knee reflexes are diminished bilaterally and have diminished sensation to pinprick in the L4-5 dermatomes on the right. His straight leg-raising test is negative with normal sensory examination. The provider has diagnosed the injured worker with spinal stenosis, flare-up of lumbar radiculopathy, mild. The provider recommended and prescribed prednisone for five days. He also requested Norco 10/325mg; one bid #60 and Ambien 10mg; one at nighttime # 30 Refills: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg; one bid Qty: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute onset and flare-up of pain, sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have functional benefit in light of the acute flare and progressive deterioration. The Norco 10/325mg; one bid Qty: 60 is medically necessary and appropriate.

Ambien 10mg; one qhs Qty: 30 Refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic

injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg; one qhs Qty: 30 Refills: 2 is not medically necessary and appropriate.