

Case Number:	CM15-0095318		
Date Assigned:	05/21/2015	Date of Injury:	04/13/2010
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Internal 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 34 year old female patient who sustained an industrial injury on 04/13/2010. A recent primary treating office visit dated 04/16/2015 reported the patient with subjective complaint of cervical spine and left shoulder pain. The pain radiates to the left upper extremity. She is taking Norco for the pain and rates the pain a 6-7 out of 10 in intensity, but with activity the pain increases to an 8 in intensity. Objective findings showed cervical spine with loss of range of motion. There was palpable musculature hypertonicity and tenderness. A cervical compression test was positive on the left with radiation of pain into the left upper arm. She also had decreased sensation over the left anterior and lateral arm and forearm. The following diagnoses are applied: cervical disc herniation, and left upper extremity radicular pain. The plan of care noted failed conservative treatment warranting surgical consultation; continue with palliative care to include oral medications, and follow up in 6 weeks. Back on 10/16/2014 a follow up visit reported subjective complaint of cervical spine neck pain rated a 6-7 out of 10 in intensity that radiates into bilateral hands accompanied by numbness and tingling. She states having decreased grip strength. The following diagnoses are applied: cervicgia, cervical herniated nucleus pulposus, myofascial pain, and chronic pain syndrome. Current medications are: Gabapentin 300mg, Ambien, and Meloxicam. The plan of care involved: obtaining both magnetic resonance imaging records and electrodiagnsotic nerve conduction study record. She is to undergo psychiatric evaluation of ADHD. Lastly, the doctor is with recommendation to administer trigger point injections times three. She will follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81, 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. MRI magnetic resonance imaging September 2014 showed severe disc protrusions at CS-C6 and C6-7. The orthopedic report dated March 12, 2015 documented a history of injuries to the neck, bilateral shoulders, bilateral hands, and back. Past treatments included physical therapy, acupuncture, chiropractic treatment, and medications. Cervical spine surgery was recommended. The patient states that she received four Cortisone injections in her neck. Diagnoses included cervical disc herniation and left upper extremity radicular pain. The primary treating physician's progress report dated 4/27/15 documented the diagnoses of cervical disc herniation, left upper extremity radicular pain, and left shoulder sprain and strain. Spinal surgical consultation was requested. Analgesia was documented. Activities of daily living were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Ambien 5mg #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 (ODG), Pain Chapter, Zolpidem (Ambien).

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: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The primary treating physician's progress report dated 4/27/15 documented the diagnoses of cervical disc herniation, left upper extremity radicular

pain, and left shoulder sprain and strain. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien mg is not medically necessary.