

Case Number:	CM15-0098738		
Date Assigned:	06/01/2015	Date of Injury:	08/27/2001
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 54-year-old female, who sustained an industrial injury on 8/27/2001. She reported injury from tripping over a water jug and hitting her head. The injured worker was diagnosed as having cervical disc displacement without myelopathy, lumbar and cervical fusion, bilateral carpal tunnel release and spinal cord stimulator implantation. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, spinal cord simulator and medication management. In progress notes dated 4/2/2015 and 4/28/2015, the injured worker complains of chronic neck and low back pain. Physical examination showed lumbar and cervical spine tenderness. Pain was rated 9.5/10 without medication and 5/10 with medication. The treating physician is requesting Ambien 5 mg #15 and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia.

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

Decision rationale: CA MTUS is silent regarding the use of Ambien. The ODG states that Ambien is only indicated for up to a 6-week course. In this case, it is unclear how long the patient has been taking Ambien, therefore the request is deemed not medically necessary or appropriate.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that the continued use of Norco is not supported without adequate documentation of pain reduction and functional benefit. In this case, the Norco is being prescribed for chronic neck and back pain. Urine drug screens have been consistent. The patient's date of injury was in 2001 and it is unclear how long opioids have been prescribed. In any event, opioids are recommended at the lowest dose for the shortest time period. The request is deemed not medically necessary or appropriate due to lack of documentation justify the continuance of Norco.