

Case Number:	CM14-0156684		
Date Assigned:	09/29/2014	Date of Injury:	04/28/2006
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38 year old male with a date of injury 4/28/06. The patient is 8 years status post multiple fractures of the left lower extremity, with 3 separate surgical procedures 2 involving ORIF, subsequent to the industrial injury. He underwent a fourth surgical procedure in 2010, and a fifth in 2013. The patient was managed with hydrocodone both pre and post-operatively, with the stated intention of weaning him from the medication. It is noted that the patient also has chronic lower back pain, with radicular component. On 8/6/14, he underwent left lumbar medial branch block at 3 levels with RF ablation. In exam notes dated 9/4/14, the patient reports reduced pain after his RF ablation. Listed medications include Ambien, 10mg qhs, which had been started on 6/12/14, and Norco, 10mg TID prn, also started on 6/14/14. Treatment notes from earlier dates of service also list cyclobenzaprine hydrochloride, 7.5mg BID prn, and Omeprazole, 20mg BID. The most recent physical exam, dated 8/7/14, revealed limping ambulation. There is moderate midline and paraspinal tenderness and spasms over the facets in the lumbar region. Range of motion in the lumbar spine is painful and restricted. Neurological examination reveals sensory and motor function to be normal. Examination of the lower extremities reveals tenderness, decreased range of motion at the hip, knee and ankle. The exam was also positive for dysesthesia and allodynia. Treatment to date includes medications, surgeries, lumbar face medial branch blocks with RF ablation, home exercise program, and orthotics. An adverse determination was received on 9/17/14:1. Ambien, 10mg: An adverse determination was received on 9/17/14; because Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia, this patient's continued use of this medication was considered not medically necessary.2. Norco, 10/325mg: An adverse determination was received on 9/17/14; because the patient had been on hydrocodone for a period of time exceeding guideline recommendations, and records did not establish any measurable functional improvement or a return to work specifically as a result of

the use of opioid medications, continued use of hydrocodone was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien, 10mg every night as needed #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, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Pain Chapter) Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien

Decision rationale: The CA MTUS does not address this issue. The ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. Furthermore, 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) (ODG, Pain Chapter). This patient has been under care for chronic back and leg pain. Disordered sleep is a common problem in patients with chronic pain; however, both ODG and FDA guidelines discourage the use of Ambien for periods of time exceeding two to six weeks. This patient has been taking Ambien nightly since its start date of 6/12/14. Therefore, the request for Ambien, 10mg every night as needed #30 is not medically necessary.

Norco 10/325mg three times per day as needed #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been treated for chronic pain since his industrial injury in 2006, and has been treated with hydrocodone ever since. There is no evidence of a subjective decrease in pain (i.e. decrease in VAS), or any evidence of significant functional gains directly attributable to the use of opiates. Therefore, the request for Norco 10/325 #90 was not medically necessary.

