

Case Number:	CM13-0023127		
Date Assigned:	11/15/2013	Date of Injury:	09/03/1998
Decision Date:	02/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 3, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; prior lumbar fusion surgery; and prior multilevel cervical fusion surgery; prior lumbar epidural steroid injection in March 2013; prior unspecified number of cervical epidural steroid injections, including in 2011; and the apparent imposition of permanent work restrictions. The applicant has not seemingly returned to work with permanent restrictions in place. In a utilization review report of August 22, 2013, the claim's administrator denied request for Ambien, a cervical epidural steroid injection, Duragesic, oxycodone, and Senna. The applicant's attorney subsequently appealed, on September 5, 2013. In a November 12, 2013 progress note, it is stated that the applicant reports 7/10 pain in one section of the report. The pain is scored at 10/10 in other section of the report. The immediate release medication is only slightly effective, it is stated. The applicant was in the emergency permanent owing to a flare of pain. He is having difficulty filling medications. He is status post two prior caudal epidural steroid injections in 2001 and status post prior lumbar fusion surgery, it is stated. He is Ambien, Duragesic, oxycodone, Senna, Voltaren gel, Norco, and MS Contin. It is not clear if the medication list is up to date. He is ambulating with an aide of a cane. His BMI is 25. Medications are renewed, along with permanent work restrictions. The applicant states that current doses of medications are not effective and that he would like to increase his medication dosage. An earlier note of October 23, 2013 stated that the applicant had the most prior successful Duragesic, which managed the pa

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Treatment Index, 11th. Edition (web), 2013, Pain, 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), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Low Back Chapter.

Decision rationale: The MTUS does not address the topic. As noted in the ODG low back chapter zolpidem topic, zolpidem or Ambien is approved for the short-term, through the six-week treatment of insomnia. It is not recommended in the chronic, long-term, scheduled, nightly usage being proposed here. Therefore, the request is not certified

Cervical epidural steroid injection under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: functional improvement is the primary criteria for pursuit of repeat epidural steroid injections. In this case, however, the applicant has had multiple prior cervical epidural steroid injections over the life of claim. The applicant has, however, failed to affect any lasting benefit or functional improvement through prior injections. The applicant remains off of work. His work status and work restrictions are seemingly unchanged from visit to visit. He remains highly reliant on various forms of medical treatment, including medications. Repeat epidural steroid injections in this context are not indicated. Therefore, the request is not certified.

Fentanyl patch 75mcg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th. Edition, 2013, Pain, Fentanyl, Zolpidem (Ambien).

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful

return to work, improved function and reduced pain affected as a result of ongoing opioid usage. In this case, the attending provider has seemingly stated that prior usage of Duragesic patches over the past several years did result in improved performance of non-work activities of daily living, improved ability to function, and improved ability to ambulate. Discontinuation of Duragesic apparently resulted in heightened pain complaints and heightened pain symptoms. On balance, then, continuing Duragesic or Fentanyl is indicated and appropriate. Therefore, the request is certified.

Oxycodone 10mg #120: Upheld

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 Page(s): 80.

Decision rationale: As noted in page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and reduced pain effected as a result of prior opioid usage. In this case, however, the attending provider has stated on several occasions that usage of short-acting opioids such as Norco and oxycodone was minimally effective. There was no evidence that the applicant returned to work. There is no seeming evidence that the applicant was deriving appropriate analgesia from prior usage of short-acting oxycodone. Therefore, the request is not certified.

Senna #90 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is recommended in those applicants in whom opioid therapy has been initiated. In this case, the applicant is an individual using opioids chronically. Providing a prescription for Senna, a laxative, alongside various opioids is indicated. Therefore, the original utilization review decision is overturned. The request is certified.