

Case Number:	CM13-0030601		
Date Assigned:	03/03/2014	Date of Injury:	08/15/2000
Decision Date:	05/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology and Pain Management and is licensed to practice in Georgia. 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 claimant is a 64-year-old female presenting with low back pain following a work-related injury on August 15, 2000. The claimant was diagnosed with lumbar degenerative disc disease. On September 11, 2013 the claimant presented with low back pain and right knee pain. The claimant's medications include oxycodone 5 mg 3 times a day, ibuprofen 800 mg 1 tablet 3 times a day, Lidoderm 5% patch, Ambien 5 mg 1 tablet at bedtime, and Prevacid 15 mg. The claimant reported that the medications are helping and presented on that date of service to discuss going off of oxycodone and continuing ibuprofen. The claimant reported that she is more functional when on the oxycodone. Claimant also reported that she was not sleeping well and complained of leg jerks however, the Ambien does help. The physical exam for that date of service noted that musculoskeletal was unchanged and neurologically stable. The claimant was made for retrospective prescription of oxycodone and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OXYCODONE 5MG TABLET, 1 TAB ORALLY 3 TIMES A DAY FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79.

Decision rationale: Oxycodone 5mg tablet 1 tab orally 3 times a day for 30 days is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

RETROSPECTIVE AMBIEN 5MG TABLET, 1 TAB QHS ORALLY EVERY DAY FOR 30 DAYS: 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) Online Edition: Chapter: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHAPTER: PAIN; SLEEPING AIDS, MILD TRANQUILIZERS.

Decision rationale: Ambien 5mg tablet, 1 tab QHS orally every day for 30 days is not medically necessary. The ODG states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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 long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the medication. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Ambien is not medically necessary.