

Case Number:	CM13-0032457		
Date Assigned:	12/11/2013	Date of Injury:	06/04/2007
Decision Date:	02/03/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 patient is a 50 year old male who reported an injury on 06/04/2007. The mechanism of injury was noted as a motor vehicle accident. The patient reports pain in his head, bilateral legs, neck, and low back. The physical exam findings include that the patient appeared tired, used a single point cane, and transferred independently. His diagnoses are listed as chronic pain syndrome, lumbar spine pain, lumbar radiculopathy, depression, insomnia, anxiety, migraines, and obesity. His medications are noted to include OxyContin 60 mg take 2 tabs in the morning, 2 tabs in the evening, and 1 tab at bedtime, Percocet 10/325 mg 1 to 2 every 4 hours as needed for pain, Ambien 5 mg 1 to 2 at bedtime as needed, and Cymbalta 60 mg 2 tabs a day. In the most recent note provided, dated 11/11/2013, it was noted that the patient weaned himself to 5 OxyContin 60 mg tabs a day from a previous dose of 8 a day, and his Percocet was increased from 6 a day to 7 a day for increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg: 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, 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, Zolpidem.

Decision rationale: According to Official Disability Guidelines, Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It further states that the use of Zolpidem is linked to a sharp increase in emergency department visits, so it should be used safely for only a short period of time. As the patient is noted to have been taking Ambien for an extended period of time, the request is not supported by guidelines. Therefore, the request is non-certified.

Percocet 10/325 mg: 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), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going management Page(s): 78.

Decision rationale: California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, review and documentation of pain relief, functional status, appropriate medication use, and side effects, is required. The detailed pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the guidelines require documentation including the "4 A's" for ongoing monitoring, which are analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information provided for review fails to include this detailed documentation as required by the guidelines for ongoing use of opioid medications. Therefore, the request is non-certified.

Oxycontin 60 mg: 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), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going management Page(s): 78.

Decision rationale: California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, review and documentation of pain relief, functional status, appropriate medication use, and side effects, is required. The detailed pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the guidelines require documentation including the "4 A's" for ongoing monitoring, which are analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information provided for review fails to include this

detailed documentation as required by the guidelines for ongoing use of opioid medications. Therefore, the request is non-certified.