

Case Number:	CM13-0032695		
Date Assigned:	03/17/2014	Date of Injury:	09/23/1995
Decision Date:	07/02/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 23, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; psychotropic medications; an intrathecal pain pump; and extensive periods of time off work. In a utilization review report dated September 27, 2013, the claims administrator denied a request for Ambien and Flexeril outright, while partially certifying request for oxycodone and OxyContin, seemingly for weaning purposes. Gabapentin and a urine drug screen were retrospectively approved. The applicant's attorney subsequently appealed. In a January 31, 2014, progress note, the applicant was described as disabled with limited income. Authorization was sought for a home health aide to help the applicant perform basic activities of daily living such as showering, personal hygiene, toileting, and household chores. OxyContin, oxycodone, Neurontin, and Cymbalta were all renewed on this day. It was stated that the applicant was still reporting moderate to severe pain and was using a wheelchair to move about. The applicant was described as severely obese, with a height of 5 feet 6 inches and a weight of 373 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG QTY 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work. The applicant has been deemed disabled. The applicant is unable to perform even basic activities of daily living such as household chores and care for herself. The applicant is using a wheelchair to move about. All of the above, taken together, suggests that ongoing usage of oxycodone has not been successful in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

OXYCONTIN 80MG QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work. The applicant has been deemed permanently disabled. The applicant still reports high levels of pain in the moderate to severe range, despite ongoing opioid usage. The applicant is unable to perform even basic activities of daily living, such as caring for herself, and is still using a wheelchair to move about; it has been suggested on several occasions. Continuing opioid therapy does not appear to be appropriate in this context. Therefore, the request is likewise not medically necessary.

AMBIEN CR 12.5 MG QTY 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 (ODG) Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation 2. Food and Drug Administration (FDA), Ambien Drug Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that it is incumbent upon the

attending provider to furnish compelling evidence to support usage of a drug for non-FDA label purposes. In this case, the Food and Drug Administration (FDA), however, states that Ambien is indicated only in the short-term treatment of insomnia, for up to 35 days. Ambien is not indicated in the chronic, long-term, and/or scheduled use purposes for which it is being employed here. In this case, the attending provider did not furnish any applicant-specific rationale, narrative or commentary, or compelling medical evidence which would offset the unfavorable MTUS and FDA recommendations. Therefore, the request is not medically necessary.

FLEXERIL 10MG QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is likewise not medically necessary.