

Case Number:	CM13-0044158		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2006
Decision Date:	02/26/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiologist has a subspecialty in Pain 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 patient reported an injury on 03/06/2006. The mechanism of injury was not provided within the medical records. The patient's resulting injuries were to his cervical and lumbar spine. It is noted within the medical records provided, that the patient received a cervical fusion with hardware on an unknown date. The most recent clinical note submitted for review was dated 11/23/2012 and revealed cervical flexion of 20 degrees, extension of 45 degrees, and right and left lateral rotation of 45 degrees. Lumbar flexion was noted to be 40 degrees, extension 10 degrees, and right and left lateral bending of 15 degrees. At this time, there was no presence of muscle spasm, lower extremity muscle strength was 4/5, reflexes were decreased but symmetrical, and there was decreased sensation to the right C5 through C7 dermatomes as well as the left C6 and C7 dermatome; decreased sensation to the right L4 and L5 dermatomes, and decreased sensation to the left L5 and S1 dermatomes. At this time, the patient's medications were noted to be Omeprazole 20 mg, Fexmid 7.5 mg, Restone 3/100 mg, and Xodol 10/300 mg. The patient's diagnoses included post-laminectomy syndrome lumbar region, displacement of cervical intervertebral disc without myelopathy, lumbago, post-laminectomy syndrome of the cervical region, opioid type dependence, and other acute reactions to stress. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Zolpidem Tartrate 10mg #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), 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), Pain, Insomnia Treatment

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of sleep aids; therefore, the Official Disability Guidelines were supplemented. The ODG states that insomnia treatment may be recommended based on the etiology, and that sleep disturbances failing to resolve within a 7 to 10 day period may indicate a psychiatric and/or mental illness. In regard to Ambien in particular, the Guidelines state that it is effective for use up to 24 weeks in adults, and that it is indicated for short-term treatment only. In order to evaluate the efficacy of sleep aids, components of sleep should be addressed and assessed. These components include sleep onset, sleep maintenance, sleep quality, and next day functioning. In the medical records submitted for review, it appears that the patient has been utilizing a sleep aid since 10/2012. However, there is no discussion within any of the clinical notes submitted for review as to the efficacy of the sleep aid. There are also no current (within the last year) medical notes submitted for review and the documentation states that the patient was utilizing Restone 3/100 mg caps (a melatonin/tryptophan combination). Since there is no documentation noting the beginning use of Ambien, medical necessity and Guideline compliance cannot be established at this time. This medication is not recommended for abrupt discontinuation, and it is expected that the physician will allow for safe weaning. As such, the request for Zolpidem Tartrate 10mg #30 is non-certified.

The request for Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page 63-64. Page(s): 63-64.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of non sedating muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain in patients with chronic low back pain. Cyclobenzaprine in particular, is recommended for a short course of therapy not to exceed 3 weeks. The clinical records submitted for review provide evidence that he patient has been utilizing Fexmid since 10/2012. Although the instructions are to use the medication on an as needed basis for muscle spasms, there is no discussion on the efficacy of this particular medication. Due to the extended length of use of this medication and the lack of documentation providing evidence of its efficacy, the request for Fexmid 7.5mg #90 is non-certified.

The request for Xodol 10-300mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-95. Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids to treat chronic pain. Guidelines state that functional measurements should be obtained every 6 months using numerical values or validated instruments, medication compliance should be monitored using urine drug screens according to the results of a risk stratification test, and that certain outcomes are measured at each clinical visit. These outcomes include documenting the patient's current pain level; the least reported pain since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for the pain relief to begin; and how long the pain relief lasts. The medical records submitted for review provided functional measurements of ranges of motion and muscle strength; however, there was no updated urine drug screen or complete pain assessment. The last urine drug screen that was submitted for review was performed on 11/01/2012; there was no risk stratification test indicating that this frequency of testing was sufficient. The most recent clinical note submitted for review provided evidence that the patient rates his pain as a 10/10 without medications, a 4/10 with medications, and a current pain level of 4/10. However, these values are from 11/2012 and provide no information regarding how long it takes for pain relief to begin, how long pain relief lasts, the least and average amount of pain since last assessment, and any information regarding an improved functional quality. Without all the information detailing the medication's efficacy, the patient's medication compliance, and functional abilities, the medical necessity of the request cannot be determined. However, it is not recommended to abruptly discontinue this medication; therefore, it is expected that the physician will allow for safe discontinuation. As such, the request for Xodol 10-300mg #120 is non-certified