

Case Number:	CM13-0047792		
Date Assigned:	12/27/2013	Date of Injury:	12/20/1996
Decision Date:	04/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 55 year-old male with a 12/20/1996 industrial injury claim. According to the 10/2/13 pain management report from [REDACTED], the accepted body parts of the claim are the back, left shoulder and groin. He presents with the same constant pain. He has tried ESI, chiropractic, pain medications, PT and SCS implant, which was removed as it was not helping. Pain is 10/10 without medications, 7/10 with medications. He takes Xodol (hydrocodone/APAP)10/300 q6-8h; Voltaren; Ambien; Soma; Gralise 600mg; and aspirin. The assessment was lumbar radiculopathy; lumbar DDD; postlaminectomy syndrome. On 10/17/13 UR recommended against use of Ambien and Xodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 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 CHAPTER, 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 CHAPTER ONLINE FOR INSOMNIA TREATMENT.

Decision rationale: The patient was injured in 1996 and has been diagnosed with post laminectomy syndrome for the lumbar spine. He failed pain management efforts including a spinal cord stimulator. He still reports constant 10/10 pain that goes to 7/10 with medications. I have been asked to review for Ambien 10mg #30. The 9/30/13 report does not mention insomnia or problems with sleep onset or latency, but does note that the Ambien is used once at night. The #30 prescribed is a 30-day supply. According to the ODG guidelines Ambien is for short-term use 7-10 days. The request for a 30-day supply of Ambien exceeds the ODG recommendations.

XODOL 10/300MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOIDS Page(s): 79-81.

Decision rationale: The patient was injured in 1996 and has been diagnosed with post laminectomy syndrome for the lumbar spine. He failed pain management efforts including a spinal cord stimulator. He still reports constant 10/10 pain that goes to 7/10 with medications. MTUS states "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." And that "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The record shows the patient has been stable since 3/15/13. The patient has shown a satisfactory response to the hydrocodone/APAP medication. MTUS does not state that medications that produce a satisfactory response should be weaned or discontinued and therefore, the request for Xodol is deemed medically necessary.