

Case Number:	CM13-0050216		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2011
Decision Date:	03/07/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/11/2013

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, has a subspecialty in 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 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 claimant presented with back, bilateral groin pain and bilateral lower extremity pain following a work related injury on 06/22/2011. The claimant has a history of hypertension. The claimant rated the pain as a 6/10. The pain is localized to the back, radiating to the bilateral buttocks and bilateral groins. The pain then radiates to the bilateral thighs, right greater than left, with numbness. The claimant was treated with pain medication, lumbar epidural steroid injections and physical therapy. MRI of the lumbar spine revealed severe central canal stenosis at L4-5, moderate at L3-4 and mild at L2-3, moderate right neural foraminal stenosis and mild to moderate left neural foraminal stenosis at L3-4 and disc space narrowing with moderate to severe bilateral neural foraminal narrowing at L4-5 and disc space narrowing with end plate degenerative changes and mild broad-based disc bulge associated with bilateral facet arthrosis and mild ligamentum flavum thickening, severe right neural foraminal stenosis and moderate to severe left neural foraminal stenosis at L5-S1. The claimant was diagnosed with lumbar spine strain/sprain and lumbar spine/bilateral lower extremity radiculopathy secondary to multilevel lumbar degenerative disc disease with spinal stenosis multiple levels and neural foraminal narrowing from L2-3 and through L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone #90, prescribed on 11/05/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

Decision rationale: Oxycodone is not medically necessary. The guidelines state that weaning of opioids are recommended if (a) there is 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 Oxycodone is not medically necessary or appropriate.

Ambien ER #30, prescribed on 11/05/2013: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Ambien ER is not medically necessary. The Official Disability Guidelines state that Ambien is not recommended for long term use, but recommended for short-term use. This type of medication can be habit-forming and may impair function and memory more than opioid pain relievers. There is also concern that Ambien may increase pain and depression when used on a long-term basis. Ambien ER is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. There is no documentation of a sleep disorder requiring this medication. Therefore, the requested Ambien ER is not medically necessary or appropriate.