

Case Number:	CM13-0052340		
Date Assigned:	04/09/2014	Date of Injury:	01/17/2001
Decision Date:	05/23/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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 neck pain, shoulder pain, upper arm pain, and low back pain, reportedly associated with an industrial injury of January 17, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; sleep aids; and prior lumbar laminectomy surgery. In a utilization review report of October 16, 2013, the claims administrator denied a request for Ambien and Nucynta while approving a request for Colace. Nucynta was discontinued on the grounds that there was no evidence that the applicant had proven intolerant to other opioids. The applicant's attorney subsequently appealed. In a July 5, 2013 progress note, the applicant was described as having persistent low back, wrist, neck, and knee pain. Topical Medrox patches were endorsed. The applicant was described as off of work. The applicant was on over-the-counter Tylenol, heating ointments, and topical pads. The applicant was status post lumbar fusion surgery, epidural steroid injection therapy, and knee arthroscopy, it was stated. On a progress note of July 9, 2013, the applicant was described as using topical Medrox and topical compounded baclofen cream. The applicant was again described as not working, on this occasion. In an August 22, 2013 progress note, the applicant's primary treating provider suggested that the applicant employ a cane, as his earlier cane reportedly broke. In September 12, 2013 progress note, the applicant was described as using Norco and Flexeril for pain relief.

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), TREATMENT INDEX, 11TH EDITION (WEB), PAIN - ZOLPIDEM (AMBIEN^{1/2})

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The Official Disability Guidelines indicate that zolpidem or Ambien is indicated in the short-term management of insomnia, typically on the order of two to six (2-6) weeks. It is not indicated for chronic, long term, and/or scheduled use purpose, which is being requested here. Therefore, the request remains not certified, on independent medical review.

NUCYNTA ER 100MG, #60: 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), CHRONIC PAIN CHAPTER, TAPENTADOL

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 75. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The Official Disability Guidelines indicate that tapentadol is a second-line opioid, one which should be employed in individuals in whom first line opioids have been tried and/or failed. In this case, however, there is no mention of the applicant having failed first-line opioid therapy. The applicant was described as using oral Norco without any reported difficulty, impediment, and/or impairment, effectively obviating the need for Nucynta. Therefore, the request remains not certified, on independent medical review.