

Case Number:	CM13-0055236		
Date Assigned:	12/30/2013	Date of Injury:	01/30/1961
Decision Date:	03/17/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Medicine and is licensed to practice in Arizona. 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 is 52 year old with a date of injury on 02/05/2009. Patient has been treated for ongoing back, neck and shoulder symptoms. Patient's diagnoses include cervical, right shoulder and lumbosacral sprain. Imaging studies showed right shoulder supraspinatus tendinosis and degenerative changes on Magnetic Resonance Imaging (MRI). A cervical Computerized Tomography (CT), scan and MRI showed multilevel diffuse annular disc bulges. Patient had cervical discectomy and foraminotomy in 12/09 and had arthroscopic shoulder surgery in 4/2011. Repeat cervical CT and MRI in 1/12 demonstrated severe dural compression and disc protrusion at C3-C4. Patient then had repeat cervical surgery with anterior discectomy and fusion. Subjective complaints include ongoing neck pain, right arm discomfort and weakness. Cervical spine pain was rated at 9/10 with weakness. Patient's functional limitations included self-care, activities of daily living and sleep. Physical exam findings include a well healed surgical scar with spasticity and decreased cervical range of motion, and tenderness over the cervical spine. Treatment has included physical therapy which was noted to help with strength, but still had numbness and tingling down the right arm. Medications include oxycodone and zolpidem from at least 2011, and Lyrica added in 2013. For the oxycodone there is no documentation relating to efficacy for pain, functional improvement or weaning attempts. For zolpidem there is no documentation of efficacy or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCl 5mg #90(30DS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. ACOEM guidelines for neck and upper back pain do not recommend opioid therapy for more than two weeks. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, narcotic contract, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested medication is not medically necessary.

Zolpidem Tartrate 10mg #30 (30DS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ambien

Decision rationale: ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient, zolpidem has been used on a chronic basis, without documentation of efficacy. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.