

Case Number:	CM13-0065082		
Date Assigned:	01/03/2014	Date of Injury:	08/19/2004
Decision Date:	04/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 8/19/04. A utilization review determination dated 11/21/13 recommends non-certification of Anaprox and zolpidem. Opana ER was partially certified from #90 to #45. A 12/11/13 medical report identifies low back pain 7/10 without medication and 3/10 with medication. The patient has difficulties with activities of daily living. The patient reports significant pain relief and functional improvement with Opana ER and Anaprox, including the ability to do light housework, dressing and undressing, personal hygiene and grooming, standing time, and washing and drying. On exam, there is limited lumbar range of motion with tenderness and trigger points. Facet loading maneuvers are positive. There is trace weakness in multiple lower extremity muscles and trace diminished reflexes bilaterally at the patella and medial hamstring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Opana ER 40mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids.

Decision rationale: Regarding the request for Opana ER, the MTUS Chronic Pain Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the opioids are improving the patient's function and pain with specific examples of functional improvement notes and pain is noted to be 3/10 with medication and 7/10 without. A recent urine drug screen was consistent with prescribed medications and no aberrant behaviors or intolerable side effects were noted. In light of the above, the currently requested Opana ER is medically necessary

Retrospective Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 67-69.

Decision rationale: Regarding the request for Anaprox, the MTUS Chronic Pain Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is documentation that the medications are improving the patient's function and pain with specific examples of functional improvement notes and pain noted to be 3/10 with medication and 7/10 without. No significant side effects have been reported. In light of the above, the currently requested Anaprox is medically necessary and appropriate.

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) - Treatment in Workers' Comp 2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, section on Zolpidem

Decision rationale: The Official Disability Guidelines (ODG) recommend short-term use (usually two to six weeks) of this medication for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication despite the recommendations of the ODG against long-term use. In the absence of such documentation, the currently requested Zolpidem is not medically necessary and appropriate.