

Case Number:	CM13-0071762		
Date Assigned:	01/08/2014	Date of Injury:	03/28/2001
Decision Date:	05/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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:

In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for MiraLax powder and denied a request for Ambien. The patient's attorney subsequently appealed. A clinical progress note of January 2, 2014 is notable for comments that the patient is having ongoing psychological issues and depression. The patient is on Paxil for depression. He is on Paxil for major depressive disorder, it is stated. In a December 25, 2013 progress note, the patient reports chronic low back pain radiating to left lower extremity. The patient is having ongoing issues with constipation. He is on Senna and MiraLax. He uses Zolpidem or Ambien ER approximately 15 nights a month for disordered sleep. He has not tried over-the-counter melatonin. He was formerly on gabapentin for five to seven times a day for several years. The patient's medications, including Norco and Ambien are renewed. It did not appear that the patient is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIRALAX POWDER WITH FIVE REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Initiating Therapy topic Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is indicated in patients who are using opioids. In this case, the patient is using Norco, an opioid. He is reporting issues with constipation that apparently require both MiraLax and Senna to combat. Continuing the same is indicated, as the patient is continuing opioid therapy. Therefore, the request is medically necessary.

ZOLPIDEM ER 12.5MG #20 WITH ONE REFILL: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain chapter, Zolpidem Topic.

Decision rationale: As noted in the ODG Chronic Pain Chapter Zolpidem topic, Zolpidem is benzodiazepine anxiolytic, which is approved for short-term use purposes, on the order of two to six weeks, to treat insomnia. In this case, the patient has been using Zolpidem or Ambien on a chronic or scheduled basis, approximately 15 nights a month, several years removed from the date of injury. This is not indicated, per ODG. Therefore, the request is not medically necessary owing to the unfavorable guideline recommendation.