

Case Number:	CM14-0002284		
Date Assigned:	01/24/2014	Date of Injury:	12/17/2002
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker reported a lifting injury to his neck and back injury on 12/17/2002. Within the clinical note dated 06/20/2013 the injured worker was reported status post cervical fusion C3-C4 and C6-C7. The prescribed medication list included Ambien, Lyrica, Oxycodone, and OxyContin. There were no further significant physical findings reported. The request for authorization was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ZOLPIDEM ER 12.5MG #30 (DOS 11/11/2013):

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), Zolpidem.

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

Decision rationale: The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and

often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The injured worker has a documented utilization of Ambien for a prolonged time and the given request exceeds the guidelines usage. In addition, a disruption in sleep pattern was not reported. Therefore, the retrospective request for Zolpidem ER 12.5mg #30 (DOS 11/11/2013).

RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 10/325MG #180 (DOS 11/5/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker had a proper pain assessment nor did the documentation indicate whether the pain ratings were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Therefore, the retrospective request for Hydrocodone/Apap 10/325mg #180 (DOS 11/5/2013) is not medically necessary and appropriate.