

Case Number:	CM14-0002388		
Date Assigned:	01/24/2014	Date of Injury:	02/06/2001
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
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 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 patient is a 37-year-old female who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of February 6, 2001. The medical records from 2012 to 2013 were reviewed. The patient complained of persistent lower back pain graded 6-8/10. Physical examination showed spasm over the lumbar paraspinal muscles and positive SLR on the left. The treatment to date has included bracing, NSAIDs, opioids, narcotics, anticonvulsants, physical therapy, and surgery. The utilization review from December 18, 2013 denied the request for Ambien 10MG, #30 because the patient already exceeded the recommended 6 weeks of treatment using this medication. The request for Oxycontin 50MG, #60 was modified to Oxycontin 40MG, #60 for failure to document the reason for increasing the dose.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 50 MG, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Oxycontin since December 2012. Medical records were handwritten and somewhat illegible. There were no reports of side effects and drug-seeking behavior. The recent progress notes revealed dose increase from 40MG to 50MG, however, the reason for increasing the dose was not indicated. This medication was noted to help but specific information regarding improvement in subjective pain scores and functional gains were lacking. The reason for continued use of this medication was not documented. Therefore, the request for Oxycontin 50MG, QTY: 60 is not medically necessary.

AMBIEN 10 MG, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter), FDA (Ambien).

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

Decision rationale: California MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. In this case, Ambien was prescribed since January 2013. The only summary of the medical records provided, that addresses sleep, is the 9/2/13 medical report which stated that the patient has "normal sleep patterns", when she was already taking Ambien. No information was provided to support the presence of a sleep disorder. Therefore, the request for Ambien 10MG, QTY: 30 is not medically necessary.