

Case Number:	CM14-0002532		
Date Assigned:	03/03/2014	Date of Injury:	11/13/2012
Decision Date:	09/03/2014	UR Denial Date:	12/13/2013
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 Family Practice 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 53 year old male claimant sustained a work related injury on 11/13/12 involving the low back and right knee. He was diagnosed with lumbar disc radiculopathy, lumbar stenosis, and right knee strain. A progress note on November 5, 2013 indicated the claimant had 9/10 pain in the low back and right knee. He had been on Percocet at the time. Examination was notable for painful range of motion of the lumbar spine and straight leg raise findings. The right knee was tender to palpate over the medial and lateral aspects. He was continued on Percocet 10 mg tablets four times a day. A short course of therapy was recommended as well. A progress note on December 3, 2013 indicated the claimant had continued pain. He also reported decreased sleep. A urine drug screen was consistent with medications taken. Exam findings showed worsening lumbar range of motion. He was continued on Percocet and a prescription was given for Ambien 10 mg at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months without significant improvement in pain or function. The continued use of Percocet is not medically necessary.

AMBIEN 10MG #30: 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) Insomnia Medications.

Decision rationale: The MTUS and ODG guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the etiology of the sleep disturbance is unknown. Ambien is intended for short-term use and recommended to be started on a low dose (5mg). The Ambien 10 mg prescribed for 1 month is not medically necessary.