

Case Number:	CM14-0010114		
Date Assigned:	02/21/2014	Date of Injury:	03/17/2011
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, 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 injured worker is a 52 year old male who sustained an injury on 03/17/11. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic low back pain radiating to the right buttock and right lateral thigh. Prior treatment has included previous L5-S1 lumbar epidural steroid injections which provided a substantial amount of relief in regards to the right sided radicular pain as well as low back pain. As of 10/01/13, the injured worker was utilizing Zolpidem 10mg, Cyclobenzaprine 10mg, and previous medications included Oxycodone. On physical examination, there was noted tenderness to palpation in the lumbar paraspinal musculature. Range of motion of the lumbar spine was restricted in all planes. No motor weakness was identified in the lower extremities; however, there was decreased sensation in an L5-S1 distribution. The report indicated the injured worker was no longer taking Oxycodone 10/325mg as it was discontinued on 08/20/13. The injured worker was recommended to utilize Morphine Sulfate Immediate Release (MSIR) 15mg four times a day; however, this was not approved. Therefore, Percocet 10/325mg every 4 hours was prescribed at this visit. The injured worker was reported to have had some improvement in pain scores with previous pain medications. The most recent toxicology results from 11/11/13 did note positive findings for Oxycodone. The requested Oxycodone 10/325mg, quantity 180 with no refills as well as Zolpidem 10mg, quantity 30 with no refills was denied by utilization review on 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCODONE 10/325MG, 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN, #180 (WITH NO REFILLS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 79-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for Use.

Decision rationale: The last evaluation for the injured worker was from October of 2013. The clinical documentation did not indicate any specific ongoing functional benefit or pain reduction obtained with the use of this medication that would have supported ongoing use. Given the scarcity of clinical information following the initial prescription in October of 2013, the request is not medically necessary and appropriate.

PRESCRIPTION OF ZOLPIDEM 10MG, 1 TABLET BY MOUTH EVERY NIGHT AS NEEDED FOR SLEEP, #30 (WITH 0 REFILLS): 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) Pain Chapter, Zolpidem

Decision rationale: The use of Zolpidem to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Zolpidem be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Zolpidem had been effective in improving the claimant's overall functional condition. As such, the request is not medically necessary and appropriate.