MAXIMUS Federal Services

Case Number:	CM14-0013255		
Date Assigned:	02/26/2014	Date of Injury:	02/05/2010
Decision Date:	07/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This is a 57-year-old male with a 2/5/10 date of injury. The exact mechanism of injury has not been described. A progress note dated 12/2/13 indicated the patient has constant low back pain with right leg numbness and swelling, and has an electric-shock feeling and spasms going down the right leg. He has weakness in the right leg. Objective exam shows pitting edema 1-2 plus, in bilateral lower extremities. On 9/6/13, it was noted the patient had 9/10 pain even when taking the medication. The low back pain is constant. Diagnostic Impression is Lumbar Disc Protrusions, s/p laminectomy, and DVT of the right femoral vein. The treatment to date: medication management. AFO brace, activity modification, physical therapy. A UR decision dated 1/23/14 denied the request. The exact reason for the denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro/APAP 10/325 mg number (30): Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There is no documentation of urine drug screens, CURES monitoring, or an opiate pain contract. In addition, a progress note from 9/13 indicates that the patient continues to have 9/10 despite the current medication regimen. Therefore, the request for Hydro/APAP 10/325 number (30) was not medically necessary.

Zolpidem 10mg number (30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Ambien and Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: California MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, this patient is not documented to have insomnia. There is no clear discussion of proper sleep hygiene or alternatives to sedative-hypnotics for this patient. In addition, sedative-hypnotics are only supported for short-term use due to the risk of dependence and the fact that they may increase pain and depression over the long-term. Therefore, the request for Zolpidem 10 mg Number (30) was not medically necessary.