

Case Number:	CM14-0013732		
Date Assigned:	02/26/2014	Date of Injury:	07/03/2001
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
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 Physical Medicine & Rehabilitation 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 68-year-old male who reported an injury on 07/03/2001. The mechanism of injury was not provided. The clinical note dated 01/14/2014 reported the injured worker complained of difficulty sleeping, increased stress, headaches, back pain, joint pain, right leg pain with numbness, and right shoulder pain. The injured worker reportedly stated his pain was rated 5/10 with medication. The physical examination revealed tenderness in the injured worker's right shoulder, low back, foot, and leg bilaterally. It was also noted the injured worker had numbness in his legs bilaterally with spasms and stiffness. It was also noted the injured worker had tenderness to the paralumbar muscles L4-5. The diagnoses included status post lumbar fusion, chronic lumbar back pain, and right leg radiculopathy. The treatment plan included recommendations for the following medications: OxyContin 80 mg 2 tablets 3 times a day, Oxycodone 30 mg 1 to 2 tablets 3 times a day, Diazepam 10 mg 1 tablet 3 times a day, Zolpidem 10 mg 1 to 1 ½ tablets at bedtime, Nabumetone, and Metamucil. The Request for Authorization was submitted 01/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCONTIN 80MG #180: 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, OPIOID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78, 86-87, 92.

Decision rationale: The MTUS Chronic Pain Guidelines indicate Oxycontin for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are not intended for use as a prn analgesic and dosing should be tailored for each individual patient. MTUS Chronic Pain Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS Chronic Pain Guidelines also state on-going review of injured workers utilizing opioids for pain recommend documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Chronic Pain Guidelines state pain assessments should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Based on the clinical information provided for review, OxyContin is not supported within the requested dosage range. The evidence-based guidelines recommend opioids should not exceed 120 mg oral morphine equivalents per day and it is noted the injured worker is utilizing the equivalent of 720 mg when calculating the morphine equivalent dose factor for this medication alone. In addition, there is a lack of documentation indicating the injured worker has had significant quantifiable objective functional improvement with this medication as well as the requesting physician did not include an adequate and complete assessment of the injured worker's pain. Further, there is a lack of documentation addressing whether the injured worker displayed aberrant drug behavior or side effects of this medication. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF DIAZEPAM 10MG #90: 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, MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The MTUS Guidelines states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Within the clinical information provided for review, there is a lack of documentation stating how long the injured worker has been utilizing this medication. As the MTUS Chronic Pain Guidelines limit this medication use to 4 weeks, the request is not supported. In addition, there is a lack of documentation the injured worker has been treated with an antidepressant, which the MTUS Guidelines recommend as a more appropriate treatment. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF ZOLPIDEM 10MG #45: 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, Zolpidem (Ambien)

Decision rationale: The Official Disability Guidelines recommend Zolpidem as a first-line medication for insomnia, additionally indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). While sleeping pills 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 and there is also concern that they may increase pain and depression over the long-term. Within the clinical information provided for review, there is a lack of documentation to clearly state the efficacy of this medication or how long the injured worker has been utilizing this medication. As the evidence-based guidelines recommend this medication for short-term treatment of insomnia, the request is not supported. Therefore, the request is not medically necessary and appropriate.