MAXIMUS Federal Services

Case Number:	CM14-0014821		
Date Assigned:	02/28/2014	Date of Injury:	11/06/1997
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty in Pain 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 injured worker is a 51-year-old male who reported an injury on 11/06/1997 secondary to a slip a fall. His diagnoses include neuralgia/neuritis not otherwise specified, lumbar disc degenerative disease, failed back surgery, and depression/anxiety. His current medications were noted to include oxycodone, Neurontin, Lidoderm, Ambien, trazodone, and MiraLax. According to the documentation submitted for review, the injured worker has used Ambien and MiraLax since at least 05/04/2011. He was evaluated on 11/14/2013 and reported low back pain and bilateral leg pain with weakness. He also reported symptoms of nocturnal myoclonus and numbness down the right leg. No pertinent exam findings were documented at this clinical visit. It was noted that chronic pain problems were obstructing his sleep and that the combination of trazodone for sleep and Ambien on an intermittent basis were beneficial to assist him in normal sleep patterns. The injured worker was recommended for continued medications. On a followup visit on 12/12/2013, it was noted that the injured worker had not received any of his medications from the last month. He reported severe low back pain with left leg radiculopathy. He also reported that he was sleeping about 3 hours per night. There were no pertinent physical examination findings documented at this clinical visit. The Request for Authorization was submitted on 12/12/2013 for oxycodone, Duragesic, Neurontin, Pristiq, Lidoderm, trazodone, MiraLax, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MIRALAX POWDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The request for 1 prescription of MiraLax powder is non-certified. While there is no recent documentation of subjective reports of constipation, it was noted that the injured worker has been prescribed several opioids. The California MTUS Guidelines recommend prophylactic treatment of constipation with the use of opioids; however, the request as written does not include a dose, frequency, or quantity. Therefore, it cannot be determined that the request allows for timely reassessment of medication efficacy. As such, the request for 1 prescription of MiraLax powder is non-certified.

1 PRESCRIPTION OF AMBIEN CR 12.5 #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 Pain Chapter, Zolpidem (Ambienï¿½).

Decision rationale: The request for 1 prescription of Ambien CR 12.5 #30 is non-certified. At the most recent clinical visit, the injured worker reported low back pain with left leg radiculopathy. He reported that he was sleeping about 3 hours per night. It was noted that chronic pain problems were obstructing the injured worker's sleep. It was also noted that the injured worker had used Ambien since at least 05/04/2011. The Official Disability Guidelines may recommend Ambien for the short term treatment of insomnia, usually 2 to 6 weeks. The guidelines state that sleeping pills are rarely recommended for long term use as they can be habit forming and may impair function and memory. As it was noted that the injured worker has used Ambien for several years, additional use of Ambien would be excessive according to the evidence-based guidelines for treatment duration. Furthermore, in accordance with FDA requirements for Ambien, the guidelines do not support Ambien CR doses greater than 6.25 mg. The requested dose of Ambien CR 12.5 mg has been noted to be potentially dangerous and may cause adverse effects. Therefore, based on guideline recommendations for dosage and duration of treatment with Ambien, the prescription of Ambien CR 12.5 #30 is not warranted at this time. As such, the request for 1 prescription of Ambien CR 12.5 #30 is non-certified.