

Case Number:	CM14-0017581		
Date Assigned:	04/18/2014	Date of Injury:	03/17/2011
Decision Date:	12/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 3/17/2011. He was diagnosed with lumbar sprain, lumbar facet joint arthropathy, lumbar radiculopathy, and lumbar displacement of intervertebral disc without myelopathy. He was treated with chiropractor treatments, TENS unit, steroid injection, and medications including muscle relaxants, opioids, sedative hypnotics, and benzodiazepines. The most recent progress note provided for review dated prior to the request date was from 10/1/2013, when the worker was seen by his primary treating physician. He complained of low back pain with radiation to right buttock and right lateral thigh. He reported having some relief from his last epidural injection with 100% improvement of the right leg radicular pain and 50% improvement of his low back pain since then. He also reported using Ativan, Zolpidem, and cyclobenzaprine, but there was no included report on how they influenced his overall function and pain levels. It was also noted that he had not been taking his previously used oxycodone, it being discontinued more than 1 month prior due to him being "unable to pick it up from the pharmacy". Previous reports, however revealed that his pain level was reduced from 7/10 to 4/10 on the pain scale with the oxycodone use. Physical findings included tenderness of the lumbar paraspinal muscles, nerve root tension signs were negative bilaterally, normal leg strength, and decreased sensation in the L5 and S1 dermatomes. He was then prescribed Percocet (to help replace oxycodone). Approximately three months later, a request for oxycodone, cyclobenzaprine, and zolpidem was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg, #180 with 0 refills is not medically necessary and appropriate.:
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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was no measurable functional outcome stated in the documents directly related to the oxycodone use that could be used to assess for medical necessity, although reported pain reduction was significant. In order to justify continuation, documented evidence of this measurable functional benefit, and without it the oxycodone will be considered medically unnecessary.

Cyclobenzaprine 10mg, #90 with 0 refills is not medically necessary and appropriate.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using cyclobenzaprine chronically which is not its recommended duration of use. Also, there was no measurable functional benefit documented in the notes provided for review, which might have helped consideration for this worker as an exception to this guideline. Therefore, the cyclobenzaprine is not medically necessary to continue.

Zolpidem 10mg, #30 with 0 refills is not medically necessary and appropriate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapters: Non-Benzodiazepine Sedative-Hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Insomnia treatment Section, and Mental Illness Section, Sedative Hypnotics

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had used sleep aids, including zolpidem, in the past for insomnia, however, there was no up to date progress note which described his insomnia and benefit from this medication in order to help justify its continuation. Regardless, other methods for treating his insomnia need to be considered if not previously attempted, which were not reported on in the documents provided, if he did trial and fail other treatment options for his insomnia. Therefore, the zolpidem will be considered medically unnecessary.