

Case Number:	CM14-0110400		
Date Assigned:	08/01/2014	Date of Injury:	09/20/2004
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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:

The patient is a 39-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of 09/20/2004. Medical records from 10/30/2006 to 06/18/2014 were reviewed and showed that patient complained of low back pain graded 8/10 radiating down right leg. There was no complaint of insomnia. Physical examination revealed tenderness over sacroiliac spine and lumbar paravertebral muscles, decreased ROM, weakness of bilateral extensor hallucis longus, bilateral dorsiflexors, right plantar flexor, right knee flexor, and bilateral hip flexors, hypesthesia along lateral side of right calf and foot, hyporeflexia of right Achilles tendon, and positive SLR test on the right at 10 degrees. MRI of the lumbar spine dated 06/25/2012 revealed left L5 nerve root impingement. Treatment to date has included left L2, L3, L4, L5, and S1 medial branch block (01/26/2009), L5-S1 TFESI (8/11/2008), right L5-S1 and S1-S2 TFESI (03/28/2014, 03/22/2013, & 07/16/2012), right L5 TFESI (11/13/2011 and 04/19/2010), L4-S1 TFESI (09/04/2009), Ambien 10mg #15 (prescribed since 04/23/2014), Norco 10/325mg #180 (prescribed since 07/02/2009), Oxycontin 20mg #60 (prescribed since 07/02/2009), and other pain medications. Of note, the patient reported pain relief with unspecified pain medications. There was no objective documentation of functional outcome from aforementioned medications. Utilization review dated 07/03/2014 modified the request for one (1) prescription of Norco 10 / 325 mg #180 to m one (1) prescription of Norco 10 / 325 mg #120 for the purpose of weaning. Utilization review dated 07/03/2014 modified the request for one (1) prescription of Oxycontin 20 mg #60 to one (1) prescription of Oxycontin 20 mg #45 for the purpose of weaning. Utilization review dated 07/03/2014 modified the request for one (1) prescription of Ambien 10 mg #15 to for one (1) prescription of Ambien 10 mg #10 for the purpose of tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Norco 10 / 325 mg #180: Upheld

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

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 10/325mg #180 since 07/02/2009. There was reported pain relief with unspecified pain medications. However, it is unclear if the pain relief was derived from Norco or other pain medications. Furthermore, there was no documentation of functional improvement with Norco use. The guidelines require objective documentation of analgesia and functional improvement prior to continuation of opiates treatment. Therefore, the prospective request for one (1) prescription of Norco 10 / 325 mg #180 is not medically necessary.

Prospective request for one (1) prescription of Oxycontin 20 mg #60: Upheld

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

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. . In this case, the patient was prescribed Oxycontin 20mg #60 since 07/02/2009. There was reported pain relief with unspecified pain medications. However, it is unclear if the pain relief was derived from Oxycontin or other pain medications. Furthermore, there was no documentation of functional improvement with Oxycontin use. The guidelines require objective documentation of analgesia and functional improvement prior to continuation of opiates treatment. Therefore, the prospective request for one (1) prescription of Oxycontin 20 mg #60 is not medically necessary.

Prospective request for one (1) prescription of Ambien 10 mg #15: 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)

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

Decision rationale: CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed Ambien 10mg #15 since 04/23/2014. However, there was no complaint of insomnia to support the need for Ambien use. Furthermore, the long-term use of Ambien is not in conjunction with guidelines recommendation. It is unclear as to why variance from the guidelines is needed. Therefore, the prospective request for one (1) prescription of Ambien 10 mg #15 is not medically necessary.