

Case Number:	CM14-0112221		
Date Assigned:	08/01/2014	Date of Injury:	07/14/2009
Decision Date:	09/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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 injured worker is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2009. Thus far, the applicant has been treated with the following: analgesic medications; opioid therapy; earlier knee arthroscopy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 26, 2014, the claims administrator failed to approve a request for Duragesic, Ambien, and Colace. The claims administrator contended that the applicant had failed to improve with ongoing usage of Duragesic. The applicant's attorney subsequently appealed. In a February 10, 2014 progress note, the applicant was described as having persistent complaints of low back and knee pain, ranging from 2-7/10. The attending provider posited that medication usage could diminish the applicant's pain from 7/10 to 4/10. The attending provider stated that the applicant was able to take care of himself and do more walking with medications but was nevertheless reporting constipation with the same. The applicant's medication list included Duragesic, Ambien, Lidoderm, Aspirin, Isosorbide, Nitroglycerin, Lopressor, Plavix, and Zestril. Duragesic, Ambien, and Colace were all endorsed. The applicant was already permanent and stationary, with permanent work restrictions, it was acknowledged. In an April 7, 2014 progress note, the applicant was described as having persistent complaints of pain. The attending provider again stated that the applicant was able to walk around and take care of things with medications. The applicant apparently had history of throat cancer. Duragesic, Ambien, and Colace were endorsed. The applicant was walking slowly and weakly in the clinic setting. On June 3, 2014, the attending provider again contended that the applicant was deriving appropriate analgesia from the Duragesic patches and was able to walk for exercise and perform cooking, cleaning, laundering, and self-hygiene. The applicant was again described as permanent and stationary, was apparently not working. On December 11,

2013, the attending provider stated that the applicant had reportedly been able to do yard work, again, reportedly attributed to the ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic topic.Fentanyl section Page(s): 93, 44.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, Duragesic, pg. 44 notes that Duragesic is not recommended as a first-line therapy. MTUS Chronic Pain Medical Treatment Guidelines, pg. 93 also states that Duragesic should be used only in applicants who are currently on opioid therapy for which tolerance has developed. In this case, the attending provider has not furnished any rationale for selection and/or ongoing usage of Duragesic in the face of the unfavorable MTUS position on the same. The attending provider did not clearly outline the failure of and/or intolerance to other first-line opioids. Therefore, the request is not medically necessary.

Ambien 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation . Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pgs.7-8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some medical evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The attending provider, however, has refilled Ambien for what appears to be a span of several months to several years. No rationale for selection and/or ongoing usage of Ambien on a long-term-basis has been proffered in the face of the unfavorable FDA position on the same. Therefore, the request is not medically necessary.

Colace 100mg #260: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical (2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants on chronic opioid therapy. In this case, the applicant has developed actual symptoms of constipation with ongoing Duragesic usage. Concomitant provision of a laxative/stool softener, such as Colace, is therefore indicated. Accordingly, the request is medically necessary.