

Case Number:	CM14-0121362		
Date Assigned:	08/06/2014	Date of Injury:	08/23/2009
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 56 year old female who was injured on 8/23/2009. She was diagnosed with cervical degenerative disc disease, adhesive capsulitis, lumbago, neck pain, and left shoulder pain. She was treated with oral medications (including Percocet and ibuprofen), topical analgesics (Duragesic), exercises, sleep aids (including Ambien), stool softeners (including colace and Senokot) to treat her constipation related to her opioid use, and surgery (left shoulder). The worker had been using these medications chronically, but was able to report significant pain relief and increased function with their use. She was seen by her treating physician on 6/30/14 for requesting refills on her medications and complaining of her usual level of pain in her neck, midback, low back, and left shoulder (5-6/10 on pain scale with medications). A opioid contract was stated to be on file. She was prescribed Ambien, Duragesic, Percocet, Prilosec, Motrin, and Colace. A urine drug screen was performed that same day which revealed that she only had methamphetamines and not opioids in her urine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): p. 79.

Decision rationale: The MTUS Chronic Pain Guidelines state that opioid medications should be immediately discontinued if there is evidence of illegal activity including diversion, prescription forgery, or stealing; arrested related to opioid use, illicit drugs or alcohol use, intentional suicide attempt, or aggressive or threatening behavior in the clinic. In the case of this worker, a urine drug screening tested positive for methamphetamines, but negative for opioid s. This is a sign of illicit drug use and possible misuse of opioid s. This warrants immediate discontinuation of all opioids prescribed to her. Therefore, the Percocet and Duragesic are both not medically necessary.

Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: The MTUS Chronic Pain Guidelines state that opioid medications should be immediately discontinued if there is evidence of illegal activity including diversion, prescription forgery, or stealing; arrested related to opioid use, illicit drugs or alcohol use, intentional suicide attempt, or aggressive or threatening behavior in the clinic. In the case of this worker, a urine drug screening tested positive for methamphetamines, but negative for opioids. This is a sign of illicit drug use and possible misuse of opioids. This warrants immediate discontinuation of all opioids prescribed to her. Therefore, the Percocet and Duragesic are both not medically necessary.

Colace 100mg #160: Upheld

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

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, Opioid-induced constipation treatment.

Decision rationale: The MTUS is vague in regards to treatment of constipation from opioid use. The ODG, however, states that treatment of constipation is recommended for constipation related to chronic opioid use. First-line treatment includes increased physical activity, increasing fiber in the diet, and drinking enough water. Secondary treatment, if the above isn't effectively treating the constipation alone, includes stool softeners and laxatives. In the case of this worker, she had been using Colace along with her opioids (we assume). It is not clearly documented if the worker had attempted first line therapy for her constipation. Therefore, the Colace is not medically necessary.

Ambien 10mg #30: Upheld

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

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, Zolpidem (Ambien).

Decision rationale: The MTUS Chronic Pain Guidelines do not mention Ambien, specifically. The ODG does, however, state that Ambien may be considered for insomnia related to an injury, but only for a short-term period (up to 2-6 weeks) due to its potential side effects. In the case of this worker, she had been using this medication for much longer than that according to the records available for review. There are other sleep aids that would be appropriate to trial without significant side effects. Therefore, the Ambien is not medically necessary.