

Case Number:	CM14-0134987		
Date Assigned:	08/29/2014	Date of Injury:	10/20/1999
Decision Date:	10/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 62-year old male who had a work related injury on 10/20/99. The mechanism of injury is not described. The most recent clinical note submitted for review is dated 07/16/14. The injured worker is there for follow up in regards to his lower back pain. He states that the low back pain is 9.5/10 and in fact it is getting worse day by day and he is taking more medication. Physical examination the injured worker's gait pattern is slight and slow. Heel and toe ambulation is very painful. Stiffness and tightness and pain on both sides of his scar. He can barely flex below his knees. Extension is 10 degrees. Lateral flexion to the right is 25 and to the left is 25 degrees. Lateral rotation to the right and left is 35 degrees. Straight leg test is positive at 45 degrees from lying down flat on the left side. Sensory examination is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. There is weakness of the left lower extremity muscles especially the hip flexor, extensor, knee flexor, and extensor, and Hallucis longus. Deep tendon reflexes are 1+ in the lower extremities. Diagnoses status post lumbar spine surgery at L4-5. Lumbar sprain. There is no documentation of functional improvement, VAS scores with and without medication. Recent utilization review dated 08/15/14 non-certified the Percocet, Ambien, and Duragesic, prior there was a utilization review prior to August 2014 and it was modified to initiate weaning. The current request is for Percocet 10/325mg #90, Ambien 5mg #45, and Duragesic patch 50mcg an hour #15. His MED is 255 with current medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 92 and 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the Percocet 10/325 mg #90 is not medically necessary.

Ambien 5 mg #45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Zolpidem (Ambien®)

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 5 mg is not medically necessary.

Duragesic Patch 50 mcg HR #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of

ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the Duragesic Patch 50 mcg HR #15 is not medically necessary.