

Case Number:	CM14-0135007		
Date Assigned:	08/27/2014	Date of Injury:	01/17/2002
Decision Date:	09/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/18/2014

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 patient is a 57-year-old male who has submitted a claim for lumbar radiculopathy (worsening), L4-5, L5-S1 disc bulge with stenosis, associated with an industrial injury date of January 17, 2002. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 07/02/2014, showed low back pain rated at 6/10. There was ongoing increased pain in the low back and bilateral leg. There was still difficulty getting to sleep and staying asleep. There was leg cramps at night and complained of burning pain into the left lateral calf. There was increased pain and weakness in the left leg. There was difficulty in rising from a seated position. There was numbness in bilateral leg with prolonged standing. There was increased stumbling and falling. Physical examination revealed decreased sensation in bilateral posterior thigh. There was positive straight leg raise at 60 degrees. There was positive compression test at bilateral L4 and bilateral L5. There was restricted range of motion of the lumbar spine. MRI of lumbar spine, dated 02/24/2011, showed L4-5, L5-S1 disc bulge with stenosis. Treatment to date has included physical therapy and medications such as Percocet and Ambien as early as February 2014. Utilization review from 07/21/2014 denied the request for the purchase of Percocet 10/325mg 1 tab every 4 hours #180 because there was no elaboration on the patient's response to intake of this medication in terms of analgesia and activities of daily living. The request for Ambien 10mg 1 tab daily at bedtime #30 was denied because the response to intake of this drug was not noted in the submitted medical records. Furthermore, the duration of time that the patient has been using Ambien was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10.325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest evidence of Percocet usage was on February 2014. However, medical review showed no documentation of analgesia and functional improvements in activities of daily living. Furthermore, urinary drug screen was not available for review or adverse effects with its use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325 1 tab every 4 hours #180 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ambien (Zolpidem Tartrate).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states Ambien (Zolpidem) is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the earliest evidence of Ambien use was in February 2014 which exceeds the recommended duration of use. Furthermore, the most recent progress report revealed difficulty getting to sleep and staying asleep. There were no functional benefits derived from the use of this medication. The medical necessity was not established. Therefore, the request for prescription of Ambien 10mg 1 tablet daily at bedtime #30 is not medically necessary.