

Case Number:	CM14-0136943		
Date Assigned:	09/03/2014	Date of Injury:	03/03/1997
Decision Date:	10/02/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Neurology has a subspecialty in Neuromuscular 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 patient is a 89-year-old woman who sustained a work-related injury on March 3, 1997. Subsequently she developed with chronic low back pain. The according to a progress note dated on August 8, 2014, the patient reported to low back pain, bilateral lower extremities pain. The pain severity was rated 7/10 and. The patient reported aching sharp and shooting pain with leg numbness and tingling. She also reported constipation and nausea from the use of opioids. Her physical examination demonstrated the lumbar tenderness with reduced range of motion, straight leg raising tests was positive and no focal motor examination. The patient was diagnosed with chronic pain syndrome, lumbago,, post laminectomy syndrome and radiculitis. The patient requested authorization to use the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Criteria for use of opioids, page(s) 179

Decision rationale: The patient was prescribed Norco for at least several months. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear rational for using 2 narcotics in this case. There is no clear documentation of the efficacy/safety of previous use of Norco. Therefore, the prescription Norco 10/325 mg is not medically necessary.

Ambien 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>))

Decision rationale: Ambien is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Ambien could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its efficacy. There is no recent documentation that the patient is suffering from insomnia. Therefore, the prescription of Ambien 5 mg is not medically necessary.

Oxycontin 40mg #270: 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): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. Based on the patient chart, there is no clear rational behind the use of 2 opioids. Addition, there is no clear documentation of pain and functional improvement with Oxycontin. There no documentation of pain or functional improvement from previous use of Oxycoson. There is no documentation of breakthrough pain. Therefore, the prescription of Oxycontin 40 mg #270 is not medically necessary.

Desoxyn 5mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Desoxyn. <http://www.rxlist.com/desoxyn-drug/indications-dosage.htm>

Decision rationale: Desoxyn is used for the diagnosis of Attention Deficit Disorder with Hyperactivity and for weight reduction. There is no clear evidence that the patient is suffering from obesity or Attention Deficit Disorder with Hyperactivity. Therefore, the request for Desoxyn 5mg #180 is not medically necessary.