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| Case Number: | CM14-0147272 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 01/23/2013 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 Physical Medicine, has a subspecialty in Interventional Spine 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 32 year old male with an injury date of 01/23/13. Based on the 08/14/14 progress report provided by [REDACTED], the patient complains of neck, left shoulder, thoracic, left low back, left buttock, left post thigh and left post calf pain. Physical examination revealed tenderness to palpation to the lumbar paraspinal muscles, left shoulder and left deltoid. Range of motion to the bilateral lower extremities, lumbar and cervical spines and left shoulder were restricted by pain in all directions. Patient has been taking Hydrocodone, however it has not been working as well and it has been denied authorization. Per treating physician dated 08/14/14, patient will discontinue Hydrocodone and continue MSIR prescription. Hydrocodone provided 40% relief of pain with maintenance of patient's activities of daily living such as self-care and dressing. Based on Oswestry Disability Index, patient has 68% disability without Hydrocodone, and 56% disability with Hydrocodone. Urine drug screen has been performed on 07/17/14 and results were consistent on per progress report dated 08/14/14. He is up to date on pain contract. The patient shows no aberrant behavior and experiences no adverse reactions. Without medication, patient would be temporarily totally disabled. Patient is working full time. Per treating physician reports dated 07/17/14 and 08/14/14, patient has been prescribed MSIR and Ambien. Patient takes Ambien 3 times per week. Diagnosis 07/17/14, 08/14/14- left lumbar facet joint pain at L4-L5, L5-S1- lumbar facet joint arthropathy- lumbar disc protrusion- lumbar stenosis- lumbar facet joint pain- lumbar sprain/strain- left shoulder internal derangement- cervical sprain/strain- thoracic sprain/strain- left shoulder sprain/strain- Central disc protrusion at L5-S1 measuring 3.7mm with severe bilateral L5 neural foraminal stenosis- labral tear- left biceps tendon tear- severe tendonitis of the biceps tendon. The utilization review determination being challenged is dated 08/27/14. The rationale follows: 1) MSIR 15mg #120: no documentation of increase in function... 2) Ambien 10mg #30: no indication that sleep hygiene

has been tried and failed.. [REDACTED] is the requesting provider, and he provided treatment reports from 10/15/13 - 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Oral morphine Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, ON-GOING MANAGEMENT Page(s): 88-89, 78.

Decision rationale: The patient presents with neck, left shoulder, thoracic, left low back, left buttock, left post thigh and left post calf pain. The request is for MSIR 15mg #120. His diagnosis dated 07/17/14 includes lumbar facet joint arthropathy, left shoulder internal derangement, cervical sprain/strain and severe tendonitis of the biceps tendon. Patient has been taking Hydrocodone, however it has not been working as well and it has been denied authorization. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Hydrocodone provided 40% relief of pain with maintenance of patient's activities of daily living such as self-care and dressing. Based on Oswestry Disability Index, patient has 68% disability without Hydrocodone, and 56% disability with Hydrocodone. Urine drug screen has been performed on 07/17/14 and results were consistent, per progress report dated 08/14/14. Patient is up to date on pain contract, shows no aberrant behavior and experiences no adverse reactions. Without medication, patient would be temporarily totally disabled, however patient is working full time with medication, which includes MSIR prescribed and dispensed on 07/17/14. In this case, the 4As have been addressed, adequate documentations have been provided including numeric scales and functional measures that show significant improvement in ADLs, and patient compliance with opioids. Per treating physician report dated 08/14/14, patient will discontinue Hydrocodone and continue MSIR prescription. The request appears reasonable. Therefore, this request is 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: Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines states that zolpidem (Ambien) under pain Chapter

Decision rationale: The patient presents with neck, left shoulder, thoracic, left low back, left buttock, left post thigh and left post calf pain. The request is for Ambien 10mg #30. His diagnosis dated 07/17/14 includes lumbar facet joint arthropathy, left shoulder internal derangement, cervical sprain/strain and severe tendonitis of the biceps tendon. Per progress report dated 08/14/14, Ambien is used only 3 times per week. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In review of medical records, patient has been prescribed Ambien at least since progress report dated 03/11/14. Per treating physician reports dated 07/17/14 and 08/14/14, patient does not have insomnia included in the diagnosis. Moreover, ODG does not recommend long-term use of this medication. Therefore, this request is not medically necessary.