

Case Number:	CM14-0164347		
Date Assigned:	10/23/2014	Date of Injury:	10/05/2011
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation, 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 53-year-old male with an injury date of 10/05/11. Based on the 09/04/14 progress report provided by the requesting physician, the patient complains of pain in his neck, shoulder, and low back. He has a stabbing pain when he moves which is rated 9 out of 10. The patient has limited cervical range of motion (ROM). His back ROM is 70 degrees on flexion and 30 degrees on extension. There is pain with flexion and paraspinal tenderness. His medications are OxyContin, Oxycodone, and Ambien. "The patient had undergone a lumbar adhesiolysis and bilateral L1-2 and L2-3 facet blocks on 04/07/14." On 08/27/14, MRI showed "a disc protrusion at L2-3, causing right lateral neuroforaminal narrowing, and a disc protrusion at L5-S1 with no foraminal or central canal narrowing." The patient's diagnoses include sprain/strain of neck; sprain/strain lumbar region; cervicobrachial syndrome; and contusion of back. The physician is requesting 60 tablets of OxyContin 20mg, 120 tablets of Oxycodone 15mg, and 30 tablets of Ambien 10mg. The utilization review determination being challenged is dated 09/15/14. The requesting physician provided treatment reports from 03/06/14-10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Zolpidem (Ambien)

Decision rationale: This patient presents with pain in his neck, shoulder, and low back. The request is for 30 tablets of Ambien 10mg. The utilization review letter on 09/15/14 denied the request stating that Ambien is not for long-term use. The ODG guidelines for Ambien only recommend short-term use, usually two to six weeks for treatment of insomnia. Long-term treatment is discouraged as "they can be habit-forming, and they may impair function and memory more than opioid pain relievers." According to the utilization review letter, the patient had been maintained on Ambien as early as 2/14, and it has been prescribed at least from 03/06/14 based on the treater's progress report, which is more than 6 months to the utilization review letter dated 09/15/14. Based on the ODG, the requested medication is not recommended for long-term use; therefore, it is not medically necessary or appropriate.

Oxycodone15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78 and 88-89.

Decision rationale: This patient presents with pain in his neck, shoulder, and low back. The request is for 120 tablets of Oxycodone 15mg. Based on the treater's progress report, the patient has been prescribed this medication as far back as 03/06/14. MTUS Guidelines on pages 88 and 89 state, "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 4A's" (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 opioid, time it takes for medication to work and duration of pain relief. In the 08/20/14 progress report, the treater mentioned the medication eased the patient's pain and allowed him to function. However, the treater didn't specifically address "the 4 A's". Given the lack of documentation as required by MTUS, the request is not medically necessary.

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78 and 88-89.

Decision rationale: This patient presents with pain in his neck, shoulder, and low back. The request is for 60 tablets of OxyContin 20mg. Based on the treater's progress report, the patient has been prescribed this medication as far back as 03/06/14. MTUS Guidelines on pages 88 and 89 state, "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 4A's" (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 opioid, time it takes for medication to work and duration of pain relief. In the 08/20/14 progress report, the treater mentioned the medication eased the patient's pain and allowed him to function. However, the treater didn't specifically address "the 4 A's". Given the lack of documentation as required by MTUS, the request is not medically necessary.