

Case Number:	CM14-0168666		
Date Assigned:	10/16/2014	Date of Injury:	08/30/1999
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 30, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery/lumbar fusion surgery; subsequent implantation of a spinal cord stimulator; opioid therapy; and sleep aids. In a Utilization Review Report dated September 30, 2014, the claims administrator approved a request for OxyContin, denied a request for Roxicodone (oxycodone), and partially approved a request for Ambien. The applicant's attorney subsequently appealed. In a January 16, 2014 operative report, the applicant did undergo an L3-L4 lumbar decompression and fusion surgery to ameliorate diagnosis of herniated nucleus pulposus at L3-L4 with associated severe lumbar spinal stenosis status post earlier lumbar laminectomy. In a May 16, 2014 progress note, the applicant reported ongoing complaints of 7/10 mid back, upper back, low back, left leg, and thigh pain. The applicant was using OxyContin, oxycodone, Ambien, Neurontin, Flexeril, Pepcid, metformin, Zocor, and Zestoretic, it was acknowledged. The applicant stated that he was allergic to NSAIDs. The applicant was apparently in the process of transferring care elsewhere, it was acknowledged. The applicant was searching for a pain management physician, it was noted. The applicant was given prescriptions for Flexeril, Neurontin, Oxycodone, and Ambien. In a progress note dated July 28, 2014, the applicant did apparently transfer care to a pain management physician. The applicant was using OxyContin, oxycodone, Flexeril, Ambien nightly, Neurontin, Pepcid, Zocor, Zestoretic, metformin, and Effexor, it was acknowledged. The applicant was not working, it was further noted. The attending provider stated that the applicant's medications were ameliorating his ability to do activities of daily living, including walking. This was not elaborated upon further. 9/10 pain without medications versus 6/10 pain

with medications was noted. The applicant stated that his pain worsened with prolonged standing, walking, and/or sitting, it was acknowledged in another section of the report. Multiple medications were renewed. The applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the applicant is reporting some diminution in pain scores from 9/10 to 6/10 with ongoing medication consumption, this is, however, seemingly outweighed by the applicant's failure to return to work and continued difficulty performing activities of daily as basic as sitting, standing, and walking. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request for Roxicodone 15mg #30 is not medically necessary and appropriate.

Ambien CR 12.5mg #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, Pain (Chronic), Zolpidem.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ambien Label - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia for up to 35 days. In this case, however, it appears that the applicant has been using Ambien for chronic, long-term, and/or nightly-use purposes, for a span of several months. This is not an FDA-endorsed role for the same. The attending provider did not furnish any compelling medical evidence or applicant-specific rationale which would offset the unfavorable

FDA position on the article at issue. Therefore, the request of Ambien CR 12.5mg #30 is not medically necessary and appropriate.