

Case Number:	CM14-0171449		
Date Assigned:	10/23/2014	Date of Injury:	10/05/2001
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with a date of injury of October 5, 2001. A utilization review determination dated September 26, 2014, recommends non-certification of Ambien 10 mg QHS PRN #30 with 5 refills, OxyContin 80 mg TID #90 with 5 refills, and Baclofen 10 mg BID #60 with 5 refills. A progress note dated September 9, 2014, identifies subjective complaints of persistent pain in the low back with radiation down the right lower extremity. The patient reports that his pain level reduces from a 6-7/10 to a 4/10 with the use of medications, the patient is able to stay active with the use of medications, and the patient denies any side effects. The patient is not exhibiting aberrant drug seeking behaviors, a recent CURES report was consistent, the patient has a pain contract, and the patient's last urine drug screen was on August 12, 2014 and was consistent. The patient reports that the OxyContin lasts about eight hours, and the patient has been using Ambien on an as needed basis for sleep. Current medications include OxyContin 80mg TID, Ambien 10mg QHS PRN, and Baclofen 10mg BID. There is no physical examination available for review. The diagnoses include status post revision of lumbar surgery done on March 23, 2011, sexual dysfunction, depression and anxiety due to chronic pain. The treatment plan recommends continuation of medications, a prescription for Ambien #30, and request for authorization for follow-up appointments with spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QHS PRN #30, w/5 refills (3-6 Months Supply),: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG; Treatment Index, 11th Edition (web), 2014, Pain Chapter, 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), Chronic Pain, Sleep Medication, Insomnia Treatment

Decision rationale: Regarding the request for Ambien 10mg QHS PRN #30 with 5 refills, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. Official Disability Guidelines (ODG) recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien 10mg QHS PRN #30 with 5 refills is not medically necessary.

Oxycontin 80mg TID #90, w/ 5 refills (3-6 Months' Supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Short Acting / Long Acting Opioids/ On-

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycontin 80mg TID #90 with 5 refills, California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. However, the patient should be monitored every 30 days and be issued a 30-day supply to ensure proper assessment and monitoring. As such, the currently requested Oxycontin 80mg TID #90 with 5 refills is not medically necessary.

Baclofen 10mg BID #60, w/5 refills (3-6 Months' Supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen 10mg BID #60 with 5 refills, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the requested Baclofen 10mg BID #60 with 5 refills is not medically necessary.