

Case Number:	CM14-0178648		
Date Assigned:	11/03/2014	Date of Injury:	01/20/2005
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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:

Patient is a 63-year-old male who has submitted a claim for postlaminectomy syndrome of the lumbar area, lumbar radiculopathy, lumbar degenerative disc disease, and insomnia associated with an industrial injury date of 1/20/2005. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities described as aching, burning, cramping, sharp, and shooting. Pain was rated 6/10 in severity and relieved to 2/10 upon intake of medications. Aggravating factors included sitting, bending, standing and walking. Patient reported that intake of medications provided significant pain relief with improvement in functional activities such as when doing light housework, dressing, grooming, sleeping, standing, and walking. Patient likewise stated that intake of zolpidem provided relief of anxiety and muscle spasm. His sleep quality also improved. Side effect from taking medications was heartburn, for which Prilosec was prescribed. Physical examination of the lumbar spine showed limited motion, moderate spasm, mild tight band, hypertonicity, and tenderness. Straight leg raise maneuver was positive bilaterally. Facet loading maneuvers were also positive at bilateral L4 to S1 levels. Weakness and diminished sensation were noted at bilateral lower extremities. Urine drug screen from 8/10/2014 showed positive levels of opiates and hydrocodone. Treatment to date has included lumbar laminectomy, physical therapy, and medications such as hydrocodone/apap, omeprazole, Relafen, zolpidem, cyclobenzaprine, and sertraline (since 2013). Utilization review from 10/9/2014 denied the retrospective request for zolpidem tartrate 10 mg, quantity 30 dispensed on 10/2/2014 and retrospective request for hydrocodone/apap 10/325 mg, quantity 90 dispensed on 10/2/2014. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 10/02/2014, Zolpidem Tartrate 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 (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem section

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient had been prescribed Ambien since 2013. The patient reported that intake of zolpidem provided relief of anxiety and muscle spasm. His sleep quality also improved. However, long-term use was not guideline recommended. Moreover, urine drug screen from 8/10/2014 showed negative levels of zolpidem. Therefore, the retrospective request for date of service 10/02/2014, Zolpidem Tartrate 10mg #30 is not medically necessary.

Retrospective for date of service 10/02/2014, Hydrocodone/APAP 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient had been prescribed hydrocodone/apap since 2013. The patient reported that intake of medications provided significant pain relief with improvement in functional activities such as when doing light housework, dressing, grooming, sleeping, standing, and walking. Side effect from taking medications was heartburn, for which Prilosec was prescribed. Urine drug screen from 8/10/2014 showed positive levels of opiates and hydrocodone. Guideline criteria for continuing opioid management were met. Therefore, the retrospective request for date of service 10/02/2014, Hydrocodone/APAP 10/325mg #90 is medically necessary.

