

Case Number:	CM14-0031120		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2004
Decision Date:	08/07/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/11/2014

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 Psychiatry and is licensed to practice in Texas. 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 injured worker is a 53 year old male who was injured on 6/28/2004. The mechanism of injured is described as cutting a tree with the help of a crane operator when he was struck on the left side by the falling tree. He suffered injuries which included left knee, lumbar and cervical spine sprains. Subsequent to the injury, the injured worker underwent a left knee arthroplasty. The injured worker was also diagnosed with lumbosacral disc degeneration. He suffered post-operative pain, and was prescribed Percocet, Dilaudid, Colace, Neurontin and Ambien. The injured has been receiving Ambien since 2013. The request for Percocet was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

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

Decision rationale: The injured worker is currently taking two short-acting opiates for intervertebral sprain. The pain appears to be chronic with control using opiates. Treatment has included physical therapy as well as pharmacotherapy focusing almost exclusively on short-

acting opiates. The prior denial was based upon the use of two short-acting opiates simultaneously. According to the Medical Treatment Utilization Schedule (MTUS) guidelines in Chronic Pain Treatment Guidelines, "The lowest possible dose should be prescribed to improve pain and function". The clinical records provided indicate some analgesic relief. However, this can be accomplished with either a long-acting opiate or one single short-acting opiate if the pain is 'breakthrough' in nature. Therefore, the requested Dilaudid is not medically necessary for the patient at this time.

Neurontin 300 mg, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines identifies Neurontin as a first line treatment for neuropathic pain. The clinical information describes an intervertebral sprain without descriptors that would substantiate neuropathic pain. Additionally, there is a lack of physical exam findings of neurological deficits to support the prescription for Neurontin. Given the history of musculoskeletal injury and nociceptive pain, the use of Neurontin, 300 mg four times a day is not medically necessary for the patient at this time.

Ambien 10 mg, # 45: 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 (Chronic), 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), Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not specifically address the use of non-benzodiazepines hypnotics in pain disorders. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic of the imidazopyridine class that potentiates gamma-aminobutyric acid (GABA), an inhibitory neurotransmitter, by binding to gamma-aminobutyric acid (GABA) receptors at the same location as benzodiazepines. In this way, Zolpidem enhances the gamma-aminobutyric acid (GABA) receptors which slow down activity in the brain causing a calming, sleep inducing effect. Zolpidem is indicated for the short-term (usually two to six weeks) treatment of insomnia characterized by difficulties with sleep initiation. Zolpidem IR is typically dosed 5 mg (women, elderly) or 10 mg (men) orally once a day immediately before bedtime. Zolpidem IR works quickly, usually within 15 minutes, and has a short half-life of two to three hours. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia and central nervous system (CNS)-related adverse effects. It was recommended that zolpidem be used for short periods of time using the lowest effective dose.

Zolpidem 10 mg is effective in treating insomnia when used intermittently no fewer than three and no more than five pills per week for a period of 12 weeks. The Official Disability Guidelines (ODG) identifies zolpidem as an effective hypnotic to be used in a time-limited fashion. Given the lengthy duration of its use in this case, 10 mg of Ambien nightly is not medically necessary.