

Case Number:	CM14-0034618		
Date Assigned:	06/23/2014	Date of Injury:	11/30/2000
Decision Date:	09/30/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old male with a 11/30/00 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/17/14, the patient was seen for a follow-up of his chronic neuropathy. He has been using the same medication for more than 10 years, and it allows him to get through his activities of daily life. Objective findings: patient is alert, mentally intact, and in no distress; able to walk without assistance; gait a little broad-based and slow. Diagnostic impression: unspecified idiopathic peripheral neuropathy, peripheral nerve disease. Treatment to date: medication management, activity modification. A UR decision dated 3/3/14 modified the requests for Zolpidem from 90 tablets to 30 tablets and Oxycontin from 270 tablets to 140 tablets for weaning purposes. Regarding Zolpidem, guidelines only recommend short-term treatment. Regarding Oxycontin, there is no documentation of close monitoring including a pain contract and prescriber data base search.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tablets 10mg #90: 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.

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 Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. It is documented that the patient has been taking Ambien since at least 1/24/14, if not earlier. In addition, there is no documentation that the provider has addressed the issue of proper sleep hygiene with the patient. Therefore, the request for Zolpidem tablets 10mg #90 was not medically necessary.

Oxycontin 80mg # 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,89,93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Given the 2000 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. There is no documentation of significant pain reduction, improved activities of daily living, a lack of adverse side effects, or aberrant behavior. Therefore, the request for Oxycontin 80mg #270 was not medically necessary.