

Case Number:	CM14-0039678		
Date Assigned:	06/27/2014	Date of Injury:	05/09/2012
Decision Date:	09/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 injured worker is a 31 year old female injured on 05/09/12 due to an undisclosed mechanism of injury. Current diagnoses include post-laminectomy syndrome of the cervical region, cervicgia, cervicocranial syndrome, brachial neuritis/radiculitis, muscle spasm, and myalgia and myositis. The documentation indicates the injured worker underwent cervical spine surgery at C5-6 with continued postoperative neck and mid upper back pain in addition to headaches. The clinical note dated 02/20/14 indicates the injured worker presented complaining of neck pain, upper back pain, and headaches rated at 7-8/10 on the visual analog scale. The injured worker also reports poor sleep quality due to the pain. The documentation indicates the injured worker reported Zanaflex trial worked well; however, Nucynta ER and Celebrex trial did not work. The injured worker is currently utilizing Percocet 5 tablets per day on average; however, effects are only lasting approximately 4 hours at a time. Physical examination reveals axial neck pain secondary to disc and facet condition, weakness to bilateral hands, positive crepitus on active range of motion of the c-spine, with no neurological deficits. Medications include Nucynta ER 250mg every 12 hours, Percocet 10/325mg four times daily, Primlev 10/300 twice daily, Ambien 10mg every evening, Prozac 40mg once daily, Zanaflex 4mg 1-2 every evening, and Prozac 40mg once daily. The injured worker received a cervical epidural steroid injection at C6-7 on 02/20/14. Response to the injection was not provided for review. The initial request for Ambien 10mg #30 and Primlev 10/300mg #60 was initially non-certified on 03/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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 - STRESS AND MENTAL ILLNESS CHAPTER.

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10mg #30 cannot be recommended as medically necessary.

Primlev 10/300mg #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 87.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids, page(s) 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, the documentation indicated the injured patient was utilizing both Percocet and Primlev resulting in a redundancy in medication management. As such, Primlev 10/300mg #60 cannot be recommended as medically necessary at this time.