

Case Number:	CM14-0058935		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2000
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This patient is a 59 year old male employee with date of injury of 2/7/2000. A review of the medical records indicate a low back injury with radiculopathy incurred at work, cervical radiculopathy that resulted from surgery to the original injury, and pain and lower extremity radiculopathy which could have resulted from either procedure. Subjective complaints include low back pain and bilateral radicular lower extremity pain (11/7/2013), neck and bilateral upper extremity neuropathic radicular pain, and constipation (first reported on 11/7/2013). Objective findings include 10/10 pain level without medications (11/7/2013) (which had moved to 10+/10 on 1/16/2013) and 10/10 quality of sleep without medications (which had moved to 10+/10 quality of sleep without medications). Prescribed medications (10/15/2013) have included Docusate Sodium 100mg 1-3/day, hydrocodone-acetaminophen 10-325mg 4/day, LMX 5 (lidocaine) 20mg with extended 12-hour release 3/day, OxyContin (oxycodone) 20mg with extended 12-hour release 3/day. Patient started on Zolpidem (12/5/2013) reporting difficulty sleeping secondary to pain. Treatment has included a lumbar fusion for the initial injury, a cervical fusion to treat residual symptoms, and a spinal cord stimulator placed on 9/4/2013. The utilization review dated 4/21/2014 non-certified the following: Promolaxin 100mg due to failure to show compliance with medical standards, Zolpidem 12.5mg due to insufficient documentation of sleep habits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Promolaxin 100 mg.: 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, Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, docusate and senna.

Decision rationale: Docusate is a stool softeners. This patient is undergoing treatment with an opioid for at least 10 months. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. The ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate recommends "other laxatives", such as sennosides, for patients who response poorly to fiber, or who do not tolerate it." The treating physician does not document what first line treatments have been tried and what the results of those treatments are. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for Promolaxin 100 mg is not medically indicated at this time.

Zolpidem 12.5 mg.: 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, 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 Chapter, Zolpidem, insomnia treatment.

Decision rationale: The California MTUS is silent regarding this topic. The ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication as early as December 2013. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. The ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do

not detail these components. As such, the request for Zolpidem 12.5 mg is not medically necessary at this time.