

Case Number:	CM14-0062484		
Date Assigned:	07/25/2014	Date of Injury:	01/06/1996
Decision Date:	09/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 47 year-old male with date of injury 01/06/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/07/2014, lists subjective complaints as pain in the neck, shoulders, elbow, low back, and bilateral hips. Objective findings: Examination of the cervical and lumbar spinal regions revealed tenderness to palpation of the paravertebral muscles with spasm and guarding. Range of motion was restricted in all planes secondary to pain. Sensory examination was intact and symmetrical. Examination of the lower extremities were within the normal ranges with no decreased range of motion or gross abnormalities. Diagnosis: 1. Postlaminectomy syndrome, cervical 2. Carpal tunnel syndrome 3. Pain in joint, pelvic region. The medical records document that the patient has been taking the following medications for at least as far back as 1 year. Medications: 1. Intermezzo 3.5mg, #302. MS Contin 60mg, #603. Oxycodone IR 30mg, #180

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo 3.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Intermezzo contains the prescription drug zolpidem tartrate administered as sublingual tablets. Zolpidem tartrate is a short-acting, nonbenzodiazepine hypnotic that potentiates GABA, an inhibitory neurotransmitter, by binding to receptors at the same location as benzodiazepines. The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking zolpidem for longer than the 2-6 week period recommended by the ODG. The patient has been taking Intermezzo for many months. Therefore, this request is not medically necessary.

MS Contin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: Patient has been previously supplied with sufficient quantity of MS Contin to be weaned from the medication. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, this request is not medically necessary.

Oxycondone IR 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: As was the case above with MS Contin, the patient was also given sufficient quantity of oxycodone to allow a slow weaning from the medication. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, this request is not medically necessary.