

Case Number:	CM14-0062546		
Date Assigned:	07/11/2014	Date of Injury:	03/26/2003
Decision Date:	08/12/2014	UR Denial Date:	04/28/2014
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 Physical Medicine and Rehabilitation 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 56-year-old male who reported an injury on 03/26/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2014 indicated the injured worker reported right shoulder pain. The injured worker is scheduled for a shoulder replacement. The injured worker's diagnosis was shoulder arthritis. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included oxycodone, OxyContin, and Ambien. The provider submitted a request for Oxycodone, OxyContin and Ambien. A request for authorization was not submitted for review to include the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL, 10mg, #120, 1-2 tablets every 6 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, in addition to various articles (see Dr. Ballantyne and Dr. Mao's review article from the New England Journal of Medicine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Oxycodone HCL, 10mg, #120, 1-2 tablets every 6 hours as needed for pain is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed this medication since at least 03/2014. This exceeds the guideline recommendation of short term. In addition, there was lack of significant evidence of the injured worker's pain level, evaluation of risk for aberrant drug use behaviors and side effects. Therefore, the request for oxycodone is not medically necessary.

Oxycontin, 10mg TB 12, #120, 1 tablet twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, in addition to various articles (see Dr. Ballantyne and Dr. Mao's review article from the New England Journal of Medicine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Oxycontin, 10mg TB 12, #120, 1 tablet twice daily is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed this medication since at least 03/2014. This exceeds the guideline recommendation of short term. In addition, there was lack of significant evidence of the injured worker's pain level, evaluation of risk for aberrant drug use behaviors and side effects. Therefore, the request for OxyContin is not medically necessary.

Ambien CR, 12.5mg TBCR, #30, 1 tablet before bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; FDA (Ambien) [<http://www.drugs.com/pro/ambien.html>].

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, Ambien.

Decision rationale: The request for Ambien CR, 12.5mg TBCR, #30, 1 tablet before bed is not medically necessary. The Official Disability Guidelines state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also indicate 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. There was lack of documentation including an adequate and complete physical exam. In addition, the injured worker has been prescribed Ambien since at least 04/2014. This exceeds the guideline recommendation for short term use. Moreover, there was no objective exam indicating the injured worker had problems with sleep hygiene. Therefore, the request for Ambien is not medically necessary.