

Case Number:	CM14-0063796		
Date Assigned:	07/11/2014	Date of Injury:	07/05/1988
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Illinois. 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 07/05/1988. The mechanism of injury was not provided for clinical review. The diagnoses include chronic pain, insomnia, low back pain, intervertebral disc disorder of lumbar region and back pain. The previous treatment included medication. Within the clinical note dated 01/28/2014, it was reported the injured worker complained of chronic back pain. Upon the physical examination, the provider noted the injured worker to have a normal gait and to be alert and oriented. The provider requested for morphine sulfate, oxycodone APAP, and Zolpidem. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for morphine sulfate 30 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit in improvement. Additionally, the use of a urine drug screen was not provided for clinical review. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request for Morphine Sulfate 30mg is not medically necessary.

Oxycodone-apap 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Oxycodone APAP 10/325 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit in improvement. Additionally, the use of a urine drug screen was not provided for clinical review. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request for Oxycodone APAP 10/325 mg is not medically necessary.

Zolpidem 10mg: 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) Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain, Zolpidem.

Decision rationale: The request for Zolpidem 10 mg is not medically necessary. The Official Disability Guidelines note Zolpidem is short-acting non-benzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guideline recommendations of short-term use of 2 to 6 weeks. Therefore, the request for Zolpidem 10 mg is not medically necessary.

