

Case Number:	CM14-0067127		
Date Assigned:	07/11/2014	Date of Injury:	11/10/1987
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 1987. Thus far, the applicant has been treated with analgesic medications; muscle relaxants; and the apparent imposition of permanent work restrictions. In a utilization review report dated April 23, 2014, the claims administrator denied a request for Zolpidem, denied a request for Megace, approved a request for Norco, and partially certified a request for Soma, apparently for weaning purposes. In an August 5, 2014 progress note, the applicant presented with a 20-year history of chronic low back pain. The applicant had apparently consulted a neurosurgeon. The applicant apparently consulted a neurosurgeon, who suggested that the applicant consult a neurosurgeon at the University Medical Center. The attending provider complained that the claims administrator denied the referral to the neurosurgeon at the [REDACTED]. The applicant was using Zolpidem for insomnia, and Megace for anxiety and weight loss, it was stated. The applicant specifically denied any issues with constipation, it was stated. The applicant denied any mental health issues. The applicant was declared "totally disabled," as suggested in one section of the report, while, somewhat incongruously, the applicant was given a 10-pound limitation in another section of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Zolpidem 10 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: Mental Illness & Stress, Pain Chapter; Washington, 2002; Colorado, 2002; Ontario, 2000; VA/DoD, 2003; Maddox-AAPM/APS, 1997; Wisconsin, 2004; Warfield, 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ambien Medication.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that the an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien (Zolpidem) is indicated in the short-term treatment of insomnia for up to 35 days. In this case, the attending provider's progress note while admittedly incomplete, does seemingly suggest that Ambien is being employed for chronic, long-term, and scheduled use purposes, for insomnia. This is not an FDA approved role for Ambien. No applicant-specific rationale or medical evidence was furnished so as to offset the unfavorable FDA position on the long-term usage of Zolpidem being proposed here. Therefore, the request is not medically necessary.

1 Prescription of Megace 400 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Megace Medication Guide and on the Non-MTUS FDA website, Megace, www.accessdata.fda.gov/drugsatfda.../labe.

Decision rationale: While the MTUS does not address the topic of Megace usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA) notes that Megace is indicated in the treatment of anorexia, cachexia, or unexplained significant weight loss in the applicants with a diagnosis of acquired immune deficiency syndrome (AIDS). In this case, however, there is no evidence that the applicant in fact carries a diagnosis of AIDS. It is further noted that the attending provider should not document the applicant's weight on any of the provided progress notes. It was not clearly stated how the diagnosis of anorexia and/or cachexia was arrived upon. Therefore, the request is not medically necessary.

Unknown prescription of Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Boothby, 2003; Heacock, 2004; Washington, 2002.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Therefore, the request is not medically necessary.