

Case Number:	CM14-0068822		
Date Assigned:	07/14/2014	Date of Injury:	08/07/2001
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 54 year-old with a date of injury of 08/07/01. A progress report associated with the request for services, dated 04/22/14, identified subjective complaints of low back pain. Objective findings included tenderness to palpation of the lumbar spine with decreased range of motion. Diagnoses included lumbar disc disease; post-laminectomy syndrome; and cervicgia. Treatment had included oral analgesics. Pain was noted to improve from 8/10 to 2/10 with the meds. Likewise, the medications were noted to keep the patient functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. A utilization review determination was rendered on 05/07/14 recommending non-certification of "Oxycontin 40mg T12A (Oxycodone HCL) 1-2 #180; Roxicodone 30mg tab (Oxycodone HCL) #180; Ambien 10mg tabs (Zolpidem Tartrate); and Ibuprofen 800 mg."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg T12A (Oxycodone HCL) 1-2 #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Oxycontin is classified as an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The non-certification was based upon lack of stepwise therapy and that long-term opioids for chronic pain are not recommended. In this case, there is description of the level of pain relief as well as specific functional improvement related to the drug therapy. Likewise, the patient is being treated with NASIDs. Therefore, there is documented medical necessity for Oxycontin.

Roxicodone 30mg tab (Oxycodone HCL) #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Roxicodone (Oxycodone) is classified as an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The non-certification was based upon lack of stepwise therapy and that long-term opioids for chronic pain are not recommended. In this case, the patient is also taking a long-acting preparation of oxycodone and this request does not specify the amount, frequency, or parameters for the supplemental therapy. Therefore, there is no documented medical necessity for Roxicodone.

Ambien 10mg tabs (Zolpidem Tartrate): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment; and Mental Illness & Stress, Zolpidem (Ambien) Other Medical Treatment Guideline or Medical Evidence: www.Ambien.com.

Decision rationale: Ambien (Zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The MTUS guideline does not specifically address Zolpidem. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that Zolpidem is indicated for short-term treatment of insomnia. They note that Zolpidem has multiple side effects and adults who use Zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term; likewise, at greater than recommended doses. Therefore, the record does not document the medical necessity for Ambien.

Ibuprofen 800 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; NSAIDs Page(s): 12; 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NSAIDs.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief of back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than Acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after Acetaminophen. The non-certification was based upon lack of any "independently confirmable objective functional improvement" from the medication. The MTUS states that Acetaminophen and NSAIDs are both recommended as first-line therapy for chronic low back pain. Likewise, there was reasonable documentation in the record of specific functional improvement. Therefore, in this case, the medical record does document the medical necessity for Ibuprofen.