

Case Number:	CM14-0071800		
Date Assigned:	07/16/2014	Date of Injury:	07/02/2010
Decision Date:	08/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 7/2/10 date of injury. At the time (5/5/14) of request for authorization for Colace 100 mg #60 with one (1) refill, Norco 10/325 mg #180 with one (1) refill, and Zolpidem 10 mg with one (1) refill, there is documentation of subjective (chronic pain involving multiple body parts including the low back, hands, arms, neck and knees with muscle spasms; insomnia, depression, and anxiety) and objective (patient is wheelchair dependent) findings, current diagnoses (degeneration of lumbar intervertebral disc, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and opioid dependence), and treatment to date (ongoing therapy with Colace, Norco, and Ambien since at least 12/2/13). Regarding Norco 10/325 mg #180 with one (1) refill, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Zolpidem 10 mg with one (1) refill, there is no documentation of short-term (two to six weeks) treatment of insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #60 with one (1) refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Colace is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Colace. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar intervertebral disc, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and opioid dependence. In addition, there is documentation of chronic opioid therapy and ongoing treatment with Colace as prophylactic treatment of constipation. Therefore, based on guidelines and a review of the evidence, the request for Colace 100 mg #60 with one (1) refill is medically necessary.

Norco 10/325mg, #180 with one (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar intervertebral disc, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and opioid dependence. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco since at least 12/2/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an

increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #180 with one (1) refill is not medically necessary.

Zolpidem 10mg with one (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar intervertebral disc, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and opioid dependence. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Zolpidem since at least 12/2/13, there is no documentation of short-term (two to six weeks) treatment of insomnia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zolpidem. Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10mg with one (1) refill is not medically necessary.