

Case Number:	CM14-0075037		
Date Assigned:	07/16/2014	Date of Injury:	12/12/2001
Decision Date:	08/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/22/2014

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 & 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:

According to the records made available for review, this is a 52-year-old male with a 12/12/01 date of injury, and anterior lumbar interbody fusion at L5-S1 in 2004. At the time (5/2/14) of request for authorization for Zolpidem Tartrate 10mg #30 and MS Contin 15mg #60, there is documentation of subjective (ongoing lower backache located on left side and pain from back into left thigh and pain that radiates up to neck) and objective (limited range of motion by 50%, on palpation paravertebral muscles, hyper toxicity, spasms, tenderness and tight muscle band noted on both sides, spinous process tenderness noted on L2, L3, L4 and L5, and straight leg raising positive bilaterally at 20 degrees) findings, current diagnoses (lumbar radiculopathy, depression with anxiety, and post lumbar laminectomy syndrome), and treatment to date medications (including ongoing treatment with MS Contin and Zolpidem Tartrate since at least 2/3/14). 2/3/14 medical report identifies patient's level of sleep has decreased due to difficulty in staying asleep awakens with pain. Regarding Zolpidem Tartrate, there is no documentation of the intention to treat over a short course. Regarding MS Contin, there is no documentation that the prescriptions are from a single practitioner and are taken as directed. The lowest possible dose is being prescribed. There will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, 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 MS Contin use to date, and that patient is in need of continuous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

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. 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. Official Disability Guidelines identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, depression with anxiety, and post lumbar laminectomy syndrome. In addition, there is documentation of insomnia. However, given documentation of records reflecting prescriptions for Zolpidem since at least 2/3/14, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem Tartrate 10mg #30 is not medically necessary.

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80,93. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies 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 lumbar radiculopathy, depression with anxiety, and post lumbar laminectomy syndrome. 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; 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 MS Contin, 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 MS Contin use to date. Furthermore, there is no documentation that patient is in need of continuous treatment. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 15mg #60 is not medically necessary.