

Case Number:	CM14-0075924		
Date Assigned:	07/16/2014	Date of Injury:	01/20/2009
Decision Date:	08/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 38-year-old male who was injured on January 20, 2009. The patient continued to experience headaches and low back pain. Physical examination was notable for bilateral lumbar spinal tenderness, decreased strength in the left lower extremity, and hyperesthesia to the left L5 dermatome. Diagnoses included chronic low back pain with radiculopathy, multilevel lumbar degenerative disc disease, headache, and chronic pain syndrome. Treatment included surgery, medications, and physical therapy. Requests for authorization for gabapentin 600 mg # 120, morphine 30 mg ER # 6, and ambien 5 mg # 30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ERmg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Morphine is an opioid analgesic. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use

include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient was treated with Nucynta until May 2, 2014. The patient's medication was changed to Morphine ER 30 mg every 12 hours and 60 pills were requested at that physician's visit. The patient had been taking opioids since at least August 2013 and was still experiencing pain. Adequate analgesia was not been obtained. Lack of past opioid effectiveness is an indicator that future opioid therapy is unlikely to be effective. The request is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Zolpidem.

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

Decision rationale: Ambien is zolpidem, a prescription short-acting nonbenzodiazepine hypnotic. It is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. In this case the patient had been prescribed Ambien as a trial April 2014 and had received approval in May 2014. There is no documentation of improvement of insomnia with the medication. Only short-term use has been recommended per ODG. The request is not medically necessary.