

Case Number:	CM14-0182700		
Date Assigned:	11/07/2014	Date of Injury:	08/11/2009
Decision Date:	01/31/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/03/2014

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 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:

Injured worker (IW) is a 63 year old male who sustained an industrial injury on 08/11/09. He is s/p left and right knee joint replacements, and office notes indicate that left reverse shoulder arthroplasty is planned due to severe osteoarthritis. Lumbar MRI in 2012 revealed central canal and neural foraminal stenosis at multiple levels. Current complaints include shoulder pain, low back pain, and weakness/numbness/tingling in the lower extremities. Current medications include oxycodone, hydrocodone/APAP for breakthrough pain, gabapentin, and zolpidem. Previous prescriptions for Relafen and Prilosec are also documented. IW is subject to random drug screens and no aberrant behaviors are noted other than IW's admission of receipt of medical marijuana per his PCP. He reports 9/10 pain without medications and 6/10 with medications in 08/26/14 office note. The only documented medication side effect is constipation. In 05/11/14 office note IW reported that without medications he would be unable to get out of bed or function at all. Subsequent office notes stated there was no change in function. He reported sleep problems on 06/04/14, but evaluation for sleep problems or response to zolpidem are not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg 1 by mouth every 6 hours #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 OF 127.

Decision rationale: Provider has documented positive symptomatic and functional response to opioids, with appropriate monitoring for side effects and evidence of aberrant behaviors. Medical necessity is established for the requested Oxycodone per MTUS criteria.

Norco 10/325mg 1 by mouth twice a day #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 OF 127.

Decision rationale: Provider has documented positive symptomatic and functional response to opioids, with appropriate monitoring for side effects and evidence of aberrant behaviors. Medical necessity is established for the requested Norco (hydrocodone/APAP) per MTUS criteria.

Zolpidem 10mg 1 by mouth at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 Chapter, Zolpidem (Ambien®); Insomnia treatment

Decision rationale: ODG Pain Chapter recommends Zolpidem for short-term (2-6 weeks) use only, and does not support chronic use of this drug. Response to Zolpidem is not documented in this case despite multiple months of use. ODG recommendations concerning insomnia treatment state: "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." No attempt to obtain a detailed sleep history or evaluation for etiology of IW's sleep complaints is documented. Use of non-pharmacological treatments such as sleep hygiene measures is not documented. Medical necessity is not established for the requested Zolpidem.

Gabapentin 600mg 1 by mouth twice a day #60 x 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: MTUS supports Gabapentin for treatment of neuropathic pain. Based upon documented symptomatic and functional response to Gabapentin and evidence of neuropathic pain per clinical documents, continuation of this drug is reasonable. Medical necessity is established for the requested Gabapentin per MTUS recommendations.