

Case Number:	CM14-0186785		
Date Assigned:	11/14/2014	Date of Injury:	07/22/1994
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Georgia. 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 injured worker was a 63 year old male who was injured on the job on July 22, 1994. The injured worker is unable to drive secondary to the medications he is taking, according to the primary provider. The injured worker was diagnosed with lumbar pain secondary to untreated facet syndrome, L4-L5 nerve root injury and erectile dysfunction, related to his injury. According to the progress note of January 9, 2014, the injured worker has an implanted spinal cord stimulator system, which controls his neuropathic pain. According to the progress note of September 25, 2014, implanted spinal cord stimulator system continues to control his neuropathic pain and that the injured worker was willing to discuss surgery at this time. The injured worker was post laminectomy/discectomy surgery of L3-L4 and L4-L5, prior to January 9, 2014. On October 3, 2014, the UR denied certification for prescriptions for Zolpidem, Duragesic, Dantrium and Morphine Sulfate was modified as not medically necessary, due to prolonged use of narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #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 (Ambien)

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

Decision rationale: Zolpidem 10 mg # 30 is not medically necessary. The Official Disability Guidelines states that Ambien is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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 long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical records, it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Zolpidem (Ambien) 10mg #30 is not medically necessary.

Morphine Sulfate 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Morphine Sulfate 30 mg # 180 is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, page 79, states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. The claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.

Duragesic 25 mcg/HR patch #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Duragesic 25mcg/hour patch # 25 is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, page 79, states that weaning of opioids are

recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. The claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.

Dantrium 25mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dantrolene (Dantrium, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

Decision rationale: Dantrium 25mg #180 is not medically necessary. Dantrium is prescribed for muscle spasms. Per the California MTUS guidelines on antispasmodics, they are not recommended for long-term use particularly because the mechanism of action for most is unknown. Additionally, guidelines cited do not recommend these medications for which a black-box warning has been issued regarding symptomatic fatal or non-fatal hepatitis. Dantrium in this case was prescribed for long term. Therefore, the requested medication is not medically necessary.