

Case Number:	CM14-0200509		
Date Assigned:	12/10/2014	Date of Injury:	07/27/1998
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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:

The injured worker is a 75-year-old male who reported an injury on 07/27/1998. The mechanism of injury was not provided within the submitted documentation. His diagnoses included unspecified arthropathy, pelvic region and thigh. His past treatments included medications and physical therapy. His diagnostic and surgical history were noncontributory. On 10/24/2014, the injured worker presented with low back and leg pain. He described his pain as sharp, dull/aching, throbbing, stabbing, pressure, burning, and stinging. His previous pain rating was a 5/10. His current pain rating was an 8/10. Objective physical exam findings were not provided. His current medications were noted to include OxyContin 20 mg, Ambien 10 mg, and Zanaflex 4 mg. The treatment plan included medications including opioids, sedatives, muscle relaxers, continued home exercise program, and a follow-up in 8 weeks. The rationale for the request was that the patient reported OxyContin provided good pain control and function, and medication provided 80% relief, allowing the patient ability to walk, drive, do house work, increased distance while walking, and difficulty walking when he does not take medication. A Request for Authorization form dated 10/28/2014 was submitted within the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20: 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 Chapter, 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), Pain, Ambien® (zolpidem tartrate).

Decision rationale: The request for Ambien 10mg #20 is not medically necessary. The injured worker has chronic low back and leg pain. The Official Disability Guidelines recommend short term use of Ambien (7 to 10 days) for the treatment of insomnia. The clinical documentation submitted for review provides evidence that the injured worker has been treated with Ambien for greater than 10 days. The documentation as submitted exceeds the guideline recommendations for the use of Ambien. Additionally, the request as submitted did not specify a frequency of use. As such, the request for Ambien 10mg #20 is not medically necessary.

Oxycontin 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of Opioids Page(s): 78.

Decision rationale: The request for Oxycontin 20mg #120 is not medically necessary. The injured worker has chronic low back and leg pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. It was documented in the clinical notes that the patient reported OxyContin provided good pain control and function. There was a lack of adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. In the absence of the information above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.