

Case Number:	CM14-0208839		
Date Assigned:	12/22/2014	Date of Injury:	11/01/1996
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 67 year old female with date of injury 11/1/96. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain and low back pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation of the bilateral cervical and lumbar paraspinal musculature, antalgic gait. Diagnoses: chronic low back pain, degenerative disc disease, lumbar and cervical degenerative joint disease with spondylosis and radiculopathy. Treatment plan and request: Ambien, Zonegran, Oxycodone, Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 refills:2: 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 www.drugs.com/ambien.

Decision rationale: This 67 year old female has complained of neck pain and low back pain since date of injury 11/1/96. She has been treated with physical therapy and medications to include Ambien since at least 07/2014. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia not to exceed 2-6 weeks duration. There is no evidence that the provider has prescribed this medication according to the recommended medical guidelines and the available medical records show that it has been prescribed far beyond the recommended duration. Ambien therefore is not indicated as medically necessary in this patient.

Zonegran 300mg #30 refills:2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/zonegran.

Decision rationale: This 67 year old female has complained of neck pain and low back pain since date of injury 11/1/96. She has been treated with physical therapy and medications to include Zonegran since at least 07/2014. The current request is for Zonegran. Per the guidelines cited above, Zonegran is approved for use as an adjunctive therapy in adults with partial-onset seizures; infantile spasm, mixed seizure types of Lennox-Gastaut syndrome, myoclonic, and generalized tonic clonic seizure. There is no medical documentation of any of these diagnoses in the available medical records. Zonegran, therefore, is not indicated as medically necessary.

Oxycodone 10mg #120 refills:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 67 year old female has complained of neck pain and low back pain since date of injury 11/1/96. She has been treated with physical therapy and medications to include opioids since at least 07/2014. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.

Methadone20mg #90 refills:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 67 year old female has complained of neck pain and low back pain since date of injury 11/1/96. She has been treated with physical therapy and medications to include opioids since at least 07/2014. The current request is for Methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.