

Case Number:	CM14-0209127		
Date Assigned:	12/22/2014	Date of Injury:	07/01/2011
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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, 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 (IW) is a 51-year-old man with a date of injury of July 1, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar radiculopathy; herniated lumbar disc; leg pain, left; depression, chronic; and insomnia, chronic. Pursuant to the progress note dated October 28, 2014, the IW complains of pain in the left leg, bilateral buttocks, bilateral hips, left knee, bilateral low back, and left ankle/foot. There is no change in pain control from last visit. The IW reports his average pain is rated 8/10. The pain is constant and described as spastic, sharp and stabbing. Physical exam documentation reports no evidence of overmedication, sedation, or withdrawal symptoms. The IW is grimacing, in moderate distress, alert, and sad. He has positive left straight leg raise at about 40 degrees for sciatic neuralgia. There are no other objective musculoskeletal findings documented. The injured worker current medications are Ambien 10mg, and Norco 10/325mg. The IW has been taking Vicodin as far back as 2012 according to documentation. The IW has been taking Norco and Ambien since October 9, 2013, according to a progress note with the same date. There is no evidence of efficacy associated with the ongoing use of opioids, and Ambien for sleep. The IW reports he wakes 4 times during the night, and does not take medications for sleep. The treatment plan indicates the Norco will be discontinued and Percocet 10/325mg will be started. The current request is for Percocet 10/325mg #120, and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Lexi-comp, 2008), (morin, 2007), (Reeder, 2007), (Erman,2005), (Kripke, 2012)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the official disability guidelines. In this case, the injured worker is 51 years old with a date of injury July 1, 2011. The injured worker's working diagnoses are diabetes mellitus type II; chronic lumbar back pain with L5-S1 disc herniation, status post lumbar epidural steroid injection; chronic left leg radicular symptoms; chronic left risk Anglian cyst; chronic headaches; dyspepsia, secondary Vicodin; exacerbation of diabetes due to steroids; sexual dysfunction due to back pain; insomnia secondary to pain; and chronic intractable low back pain. Documentation indicates the injured worker was taking Ambien as far back as August 2013. The medical record did not document Ambien efficacy or contain evidence of objective functional improvement. There was no discussion or documentation of sleep quality or quantity. The treating physician has exceeded the recommended guidelines of 7 to 10 days, well in excess of 12 months. Consequently, absent compelling clinical documentation to support the Ambien's ongoing use, evidence of objective functional improvement and exceeding the recommended guidelines of 7 to 10 days, Ambien 10 mg #30 is not medically necessary.

Percocet 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 30 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The California Medical Treatment Guidelines do not recommend long-term treatment of chronic nonmalignant pain with opiates. If prescribed long-term, periodic evaluation must demonstrate ongoing effectiveness in controlling pain, improving function and quality of life, no intolerable side effects and no aberrant drug taking behavior. In

this case, the injured worker is 51 years old with a date of injury July 1, 2011. The injured worker's working diagnoses are diabetes mellitus type II; chronic lumbar back pain with L5-S1 disc herniation, status post lumbar epidural steroid injection; chronic left leg radicular symptoms; chronic left ganglion cyst; chronic headaches; dyspepsia, secondary Vicodin; exacerbation of diabetes due to steroids; sexual dysfunction due to back pain; insomnia secondary to pain; and chronic intractable low back pain. The documentation indicates the injured worker has been taking opiates since July 2012. He was first started on Vicodin 5/325 mg. That was discontinued due to dyspeptic symptoms. The injured worker was then tried on a trial of tramadol. Tramadol was ineffective and the injured worker was switched to Norco 5/325 mg approximately 6 tablets per day. Norco use is associated with continued pain despite its use. Norco was requested and noncertified multiplications. Injured worker was switched back to tramadol September 2014 and was then changed the Percocet October 2014. There was no change in pain control since the prior visit. Prior opiates have not been effective (Vicodin, tramadol, Norco) and consequently, Percocet 30 mg #120 is not medically necessary.