

Case Number:	CM14-0053281		
Date Assigned:	04/06/2015	Date of Injury:	05/19/2000
Decision Date:	05/05/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54-year-old male who sustained an industrial injury on 05/19/00. Initial complaints and diagnoses are not available. Treatments to date include medications, and lumbar epidurals. Diagnostic studies are not discussed. Current complaints include low back pain. In a progress note dated 03/25/14 the treating provider reports the treatment plan as continued medications including Cymbalta, OxyContin, midrin, soma, Percocet, Ambien, trazadone, senna S, testosterone, Topamax, and Tizanidine, as well as a lumbar CT scan. The requested treatments are Zolpidem and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, 2 twice a day qty: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin in combination with Soma and Percocet for Norco for over a year. The combined morphine equivalent dose exceeded 120 mg recommended by the guidelines. The continued use of Oxycontin is not medically necessary.

Zolpidem ER 12.5mg, 1 daily qty:30: 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 ODG guidelines and insomnia pg 64.

Decision rationale: Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was related to pain rather than a primary sleep disorder. Continued use of Zolpidem is not medically necessary.