

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0005882 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 08/30/1999 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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: California
 Certification(s)/Specialty: Emergency Medicine

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 56 year old male, who sustained an industrial injury on August 30, 1999. The diagnoses have included lumbar post laminectomy syndrome, cervical discogenic disease, chronic pain syndrome, paresthesias in the left leg, lumbar fusion at L3-L4 on January 16, 2014, history of fusion at L4-L5, and history of C5-C6 fusion in 2007. Treatment to date has included acupuncture, spinal cord stimulator, and medications. Currently, the injured worker complains of neck and low back pain radiating to bilateral lower extremities. The Primary Treating Physician's note dated December 18, 2014, noted tenderness in the paracervical muscles and upper trapezius, with improved range of motion, and tenderness in the lower paraspinal muscles of the lumbar spine with sensation decreased in the left posterior leg. The injured worker was noted to require opioid therapy for a combination of nociceptive and neuropathic pain. On December 30, 2014, Utilization Review non-certified Oxycontin 30mg #90, Roxicodone 15mg #30, and Ambien CE 12.5mg #15. The UR Physician noted the injured worker was no longer an appropriate candidate for Oxycontin and weaning should begin, with the records showing not much subjective or objective functional improvements, therefore the request for Oxycontin 30mg #90, was modified with certification of 68 tablets, and the remaining 22 tablets non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the Roxicodone was no longer appropriate and the request for Roxicodone 15mg #30 was recommended non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The injured worker was noted to have been using Ambien since at least November of 2013, with the Official Disability Guidelines (ODG) recommending short term use, therefore the request for

Ambien CE 12.5mg #15 was non-certified. On January 12, 2015, the injured worker submitted an application for IMR for review of Oxycontin 30mg #90, Roxicodone 15mg #30, and Ambien CE 12.5mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: 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, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxycontin 30mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented tenderness in the paracervical muscles and upper trapezius, with improved range of motion, and tenderness in the lower paraspinal muscles of the lumbar spine with sensation decreased in the left posterior leg. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective; evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 30mg #90 is not medically necessary.

Roxicodone 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Roxicodone 15mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented tenderness in the paracervical muscles and upper trapezius, with improved range of motion, and tenderness in the lower paraspinal muscles of the lumbar spine with sensation decreased in the left posterior leg. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective; evidence of derived functional benefit

such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Roxycodone 15mg #30 is not medically necessary.

Ambien CE 12.5mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-benzodiazepine sedative-hypnotics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: The requested Ambien CE 12.5mg #15 is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The treating physician has documented tenderness in the paracervical muscles and upper trapezius, with improved range of motion, and tenderness in the lower paraspinal muscles of the lumbar spine with sensation decreased in the left posterior leg. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien CE 12.5mg #15 is not medically necessary.