

Case Number:	CM15-0005964		
Date Assigned:	01/26/2015	Date of Injury:	11/09/2006
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
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: 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 56 year old male, who sustained an industrial injury on November 9, 2006. He has reported pain to the neck, both shoulder, lower back, and both knees. The diagnoses have included neck pain, bilateral shoulder pain, bilateral carpal tunnel syndrome, trigger finger, low back pain, and left knee pain. Treatment to date has included trigger finger surgery, right shoulder surgery, left shoulder surgery, bilateral carpal tunnel surgeries, lumbar spine fusion, medications, cortisone injection, and a home exercise program. Currently, the injured worker complains of continued shoulder issues. On November 21, 2014, it is noted that there are no changes from previous exam. Medication therapy includes Norco. On December 24, 2014, Utilization Review non-certified Colace 100 mg, quantity#60, and modified certification of Ambien 5 mg, 30 day supply, based on ODG guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of Colace 100 mg, quantity #60, and Ambien 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Opioid-induced constipation treatment

Decision rationale: Colace is a stool softener indicated for the treatment of constipation. The medical records indicate that the patient has been on chronic opioid therapy. According to ODG, opioid-induced constipation is a common adverse effect of long-term opioid use and constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. ODG notes that prophylactic treatment of constipation should be initiated. While the medical records do not specifically state a diagnosis of constipation, given that the injured worker is being prescribed Norco, the request for laxative is supported. The request for Colace 100 mg #60 is medically necessary.

Ambien 5 mg: 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) Zolpidem

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

Decision rationale: According to ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. It is further noted that while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, Ambien has been prescribed for an extended period of time, and long term use of this medication is not supported. The sudden discontinuation of this medication is not supported and the prior peer review recommended to allow 30 day supply of this medication for weaning. The request for long term use of Ambien is not supported. The request for Ambien 5 mg is not medically necessary.