

Case Number:	CM15-0006002		
Date Assigned:	01/29/2015	Date of Injury:	02/24/1999
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on April 24, 1999. The diagnoses have included lumbar disc degeneration. Treatment to date has included pain medications. Currently, the injured worker complains of low back pain that radiates to the lateral aspect of bilateral lower extremities. On December 16, 2014 Utilization Review non-certified a Ambien 10mg one by mouth at bedtime as needed quantity 10, Flexeril 10mg one by mouth twice a day quantity 60 with two refills, Celebrex 200mg one by mouth twice a day quantity 60 with two refills and Oxycontin 30mg one by mouth every eight hours quantity 90, noting, Medical Treatment Utilization Schedule Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Ambien 10mg one tab by mouth at bedtime as needed - quantity 10, Flexeril 10mg one tab by mouth twice daily - quantity 60 with two refills, Celebrex 200mg one tab by mouth twice daily - quantity 60 with two refills and Oxycontin 30mg one tab by mouth every eight hours - quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #10: Overturned

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, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia Treatment

Decision rationale: The request for Ambien 10 mg 1 tab PO QHS #10 is reasonable based on documented inability to sleep for several days as described. Ambien is indicated for short-term treatment (two to six weeks) of insomnia and is considered appropriate in this case. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The provided documents show no physical exam findings to substantiate the need for an antispasmodic at this time. Exam findings are sparse in all provided records, with no evidence of musculoskeletal exam and overall very basic neuro exams with no useful details regarding low back pathology. Without any objective indication of spasm and the MTUS guidelines recommending against addition of cyclobenzaprine to other agents, a prescription sixty tablets of Flexeril with two refills is not considered medically necessary.

Celebrex 200mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: The MTUS recommends use of NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Based on the provided documents, the request for continuation of Celebrex is reasonable given the patients prior response to Celebrex and likely inflammatory nature of pain.

Oxycontin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The note requesting Oxy 30 mg 1 tab PO q8 #90 does not detail expectations outlined with the patient regarding the treatment plan and follow up as working to decrease opioid dependency is recommended. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for follow up, re-evaluation, etc. in light of the chronic nature of this case, the request for Oxy 30 mg 1 tab PO q8 #90 is not considered medically necessary.