

Case Number:	CM15-0100840		
Date Assigned:	06/03/2015	Date of Injury:	05/01/1999
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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, Massachusetts

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:

This 60 year old male sustained an industrial injury to the neck, shoulders and low back on 5/1/99. Recent treatment included epidural steroid injections and medications. No recent MRI was available for review. In a PR-2 dated 4/21/15, the injured worker complained of constant moderate to severe neck pain with occasional radiation down bilateral arms, constant moderate right shoulder pain associated with clicking and popping and constant moderate to severe low back pain associated with popping and radiation to the buttocks and bilateral legs. The injured worker reported filling Endocet and Ambien through his private insurance as he had not been able to get approval from his industrial insurance carrier. The injured worker was currently seeking a new pain management specialist to take over his narcotic medications and possibly do cervical injections. Current diagnoses included cervical spine degenerative disc disease with spondylosis, bilateral upper extremity radiculitis, right shoulder subacromial impingement syndrome, acromioclavicular arthritis, left shoulder impingement syndrome, left shoulder rotator cuff tendinitis status post subacromial decompression (5/2013), multilevel lumbar spine degenerative disc disease with spondylosis status post multiple surgeries with fusion, bilateral lower extremity radiculitis. The treatment plan included prescriptions for Prilosec, Endocet, Fentanyl patches, Neurontin and Baclofen.  

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325 #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, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and is not medically necessary.

Zolpidem ER 12.5mg #30: 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 (Chronic), Zolpidem (Ambien).

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

Decision rationale: Official Disability Guidelines (ODG) Pain, Zolpidem According to cited ODG guideline (CA MTUS does not address this medication specifically), zolpidem is approved for short-term use for treatment of insomnia. Continued long-term use has limited efficacy in managing insomnia and increases risk of depression, dependence and abuse. Consequently the provided medical records and clinical guidelines do not support continued use of zolpidem and is not medically necessary.