MAXIMUS Federal Services

Case Number:	CM15-0017421		
Date Assigned:	02/05/2015	Date of Injury:	01/23/2013
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: Texas, New York, California
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 applicant is a represented 32-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 20, 2013. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve request for morphine and Ambien. The claims administrator referenced a November 15, 2014 progress note. The applicant's attorney subsequently appealed.On October 7, 2014, the applicant reported multifocal complaints of low back and neck pain. The applicant was using Motrin, Norco, and Neurontin, it was stated. The applicant was working full time as a truck driver, it was stated in one section of the note. Morphine was renewed. There was no mention of the applicant's using Advair at this point. On February 24, 2015, the attending provider again noted that the applicant was working full time. The attending provider suggested that the applicant continue Ambien. The applicant was also using morphine, Motrin, and Neurontin. The attending provider stated that morphine was ameliorating the applicant's ability to work and perform other non-work activities of daily living, including self-care and personal hygiene. The attending provider did not, however, identify any quantifiable decrements in pain achieved as a result of ongoing medication consumption. In a February 5, 2015 spine surgery note, the applicant's spine surgeon stated that he would keep the applicant off of work, on total temporary disability, while lumbar fusion surgery was proposed. In another section of the note, the spine surgeon stated that the applicant had retired from his former employment. In a PR-2 progress note of the same date, February 5, 2015, the attending provider placed the applicant off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for MSIR, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status has been reported incongruously by two different providers. The applicant's pain medicine physician had suggested that the applicant was/is working, while the applicant's spine surgeon suggested that the applicant was off of work and would remain off of work, on total temporary disability. Neither providers outlined any material or meaningful improvements in function effected as a result of ongoing medication consumption, including ongoing morphine consumption. The pain management physician's comment to the effect that the applicant was able to perform self-care and personal hygiene with his medications, did not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. The pain management physician did not, furthermore, outline quantifiable decrements in pain on February 24, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of morphine (MSIR). Therefore, the request was not medically necessary.

Ambien 10mg #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- Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7-8 of 127. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically

address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration, however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the treating provider had seemingly proposed that the applicant employ Ambien on a chronic, long-term, and/or nightly use basis. Such usage, however, runs counter to the FDA label. No clear or compelling medical evidence or applicant-specific rationale was furnished to support what amounts to non-FDA labelled usage of Ambien here. Therefore, the request was not medically necessary.