

Case Number:	CM15-0132545		
Date Assigned:	07/20/2015	Date of Injury:	01/19/2009
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male who sustained an industrial injury on 1/19/2009 resulting in low back pain and impaired movement. He is diagnosed with post lumbar laminectomy; lumbar radiculopathy; chronic pain syndrome; and, muscle spasms. Documented treatment has included L4-S1 fusion, which is reported to have not relieved pain; psychotherapy addressing pain management; and, medication which he states relieves pain and helps him perform activities of daily living. The injured worker continues to present with chronic, intractable low back pain. The treating physician's plan of care includes Oxycodone, Tizanidine, and Ambien. Work status is not provided in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work injury in January 2009 and continues to be treated for chronic low back pain. He underwent an L4-S1 lumbar fusion without reported benefit. When seen, his medication regimen was providing effective pain management. He had pain rated at 6/10 and an average pain score of 6/10. Physical examination findings included a BMI of nearly 39. There was an otherwise normal examination. Oxycodone, tizanidine, and Ambien were refilled. Oxycodone was being prescribed at a total MED (morphine equivalent dose) of 150 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.

Tizanidine 4mg #90 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in January 2009 and continues to be treated for chronic low back pain. He underwent an L4-S1 lumbar fusion without reported benefit. When seen, the claimant sustained a work injury in January 2009 and continues to be treated for chronic low back pain. He underwent an L4-S1 lumbar fusion without reported benefit. When seen, his medication regimen was providing effective pain management. He had pain rated at 6/10 and an average pain score of 6/10. Physical examination findings included a BMI of nearly 39. There was an otherwise normal examination. Oxycodone, tizanidine, and Ambien were refilled. Oxycodone was being prescribed at a total MED (morphine equivalent dose) of 150 mg per day. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

Ambien 10mg #18: 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, 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in January 2009 and continues to be treated for chronic low back pain. He underwent an L4-S1 lumbar fusion without reported benefit. When seen, his medication regimen was providing effective pain management. He had pain rated at 6/10 and an average pain score of 6/10. Physical examination findings included a BMI of nearly 39. There was an otherwise normal examination. Oxycodone, tizanidine, and Ambien were refilled. Oxycodone was being prescribed at a total MED

(morphine equivalent dose) of 150 mg per day. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien is not medically necessary.