

Case Number:	CM15-0133311		
Date Assigned:	07/21/2015	Date of Injury:	08/17/1998
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 72-year-old female who reported industrial injuries on 8/17/1998 including low back pain, bilateral knee pain, and bilateral upper extremity pain. She is diagnosed with chronic diffuse myofascial pain, chronic lumbar pain, lumbar radiculopathy, and bilateral shoulder tendinosis and impingement. Documented treatment has included lumbar fusion, right and left total knee replacements, left shoulder surgery, left knee surgery, physical therapy, use of cane for ambulation, and medication which she continues to report as helping her remain functioning. The injured worker continues to complain of low back and bilateral upper extremity pain, numbness, tingling, and weakness, as well as bilateral knee pain. The treating physician's plan of care includes Ambien 5 mg, 90 Oxycontin 40 mg; and 90 Lidocaine Pads. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Tab 5mg #30 for 30 days: 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

(Online Version), Zolpidem (Ambien), Insomnia Treatment; Mental and Stress Chapter (Online Version), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, "non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Ambien Tab 5mg #30 for 30 days is not medically necessary.

Oxycontin Tab 40mg CR #90 for 30 days MED 135: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Oxycodone, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side

effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycontin. There is no documentation for pain and functional improvement with previous use of Oxycontin. There is no documentation of compliance of the patient with her medications. Based on the above, the prescription of Oxycontin Tab 40mg CR #90 for 30 days MED 135 is not medically necessary.

Lidocaine Pad 5% #90 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocaine pad is unclear. There is no documentation of efficacy of previous use of lidocaine. Therefore, the prescription Lidocaine Pad 5% #90 for 30 days is not medically necessary.