MAXIMUS Federal Services

Case Number:	CM15-0134538		
Date Assigned:	07/22/2015	Date of Injury:	11/27/1996
Decision Date:	09/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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 62-year-old who has filed a claim for chronic low back, shoulder, and hip pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of November 27, 1996. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve request for Ambien and Duragesic. The claims administrator referenced an RFA form received on June 24, 2015 in its determination, along with an associated progress note of June 23, 2015.The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported multifocal complaints of shoulder, back, leg, and knee pain with derivative complaints of depression and anxiety. The applicant was on 18 different medications, the treating provider acknowledged. The applicant's pain complaints were worsened by activities of daily living as basic as lifting, sitting, bending, twisting, standing, and walking, it was reported. The applicant's pain complaints apparently ranged from 6-8/10, it was stated in various sections of the note. The applicant reported issues with depression, anxiety, frustration, and irritability, it was reported. The applicant had undergone two prior failed lumbar fusion surgeries, it was reported. The applicant spent 50% to 75% of the day in a reclined or recumbent position, it was reported. The applicant's medication list included baclofen, Atarax, topical capsaicin, topical Lidoderm, Duragesic, Norco, Ambien, Ambien controlled release, naproxen, Zanaflex, Effexor, Zonegran, terazosin, Benadryl, ThermaCare heat wraps, Voltaren, Lidoderm, Cialis, Levoxyl, and AndroGel, it was reported. The applicant was using a cane to move about, it was reported. Drug testing was endorsed. On May 26, 2015, the attending provider and applicant contended that the applicant would be

bedridden without his medications. The attending provider contended that the applicant's medications had ameliorated his ability to fold his own clothes and walk around the block. Multiple medications were renewed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. 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 (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal or extension request for Ambien represented treatment above and beyond that suggested in the FDA label. ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that zolpidem or Ambien is recommended for short-term use purposes but is deemed not recommended for the long-term use purposes for which it was seemingly proposed here. The attending provider failed to furnish a clear or compelling applicant-specific rationale or medical evidence which would support continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.

Duragesic Patch 75mcg/hr #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Duragesic, a long-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 was not clearly reported on an office visit of May and June 2015, suggesting that the applicant was

not, in fact, working. While the treating provider contended that ongoing usage of medications, including Duragesic, had proven beneficial, these reports were, however, outweighed by the treating provider's failure to clearly recount the applicant's work status, the applicant's seeming failure to return to work, and the treating provider's reports to the effect that activities of daily living as basic as lifting, sitting, standing, walking, bending, twisting, etc., remained problematic, despite ongoing Duragesic usage. The applicant's statement to the effect that he would be bedridden without his medications on May 26, 2015 did not, in and of itself, constitute evidence of a substantive improvement in function achieved as a result of ongoing Duragesic usage. Therefore, the request was not medically necessary.

Duragesic Patches 100mcg/hr #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Duragesic, a long-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 was not clearly reported on an office visit of May and June 2015, suggesting that the applicant was not, in fact, working. While the treating provider contended that ongoing usage of medications, including Duragesic, had proven beneficial, these reports were, however, outweighed by the treating provider's failure to clearly recount the applicant's work status, the applicant's seeming failure to return to work, and the treating provider's reports to the effect that activities of daily living as basic as lifting, sitting, standing, walking, bending, twisting, etc., remained problematic, despite ongoing Duragesic usage. The applicant's statement to the effect that he would be bedridden without his medications on May 26, 2015 did not, in and of itself, constitute evidence of a substantive improvement in function achieved as a result of ongoing Duragesic usage. Therefore, the request was not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. 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 (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal or extension request for Ambien represented treatment above and beyond that suggested in the FDA label. ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that zolpidem or Ambien is recommended for short-term use purposes but is deemed not recommended for the long-term use purposes for which it was seemingly proposed here. The attending provider failed to furnish a clear or compelling applicant-specific rationale or medical evidence, which would support continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.