

Case Number:	CM15-0142757		
Date Assigned:	08/03/2015	Date of Injury:	06/26/2008
Decision Date:	08/31/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/23/2015

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

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 injured worker is a 58 year old male, who sustained an industrial injury on 6-26-08. The diagnoses have included lumbar spondylosis, lumbar post laminectomy syndrome, lumbosacral radiculitis, sacroiliac joint pain and chronic pain syndrome. Treatment to date has included medications, activity modifications, surgery, spinal cord stimulator, cold packs, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 7-15-15, the injured worker complains of low back pain and leg pain. He reports that the current medications allow him to perform his activities of daily living (ADL) and there are no adverse effects. He reports nausea, muscle aches in the mid and low back and spasms, joint pain, back pain and sleep disturbance due to pain. There is no physical exam recorded. The current medications included Celebrex, Cymbalta, Levorphanol tartrate, and Zolpidem. The urine drug screen dated 5-7-15 was inconsistent with the medications prescribed. The physician notes that the injured worker continues to have a very complex pain problem with multiple pain generators and continues to get benefit from his pain medications which allow him to continue with socializing, exercising and chores around the house. The physician requested treatments included Levorphanol tartrate 2mg #120 and Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol tartrate 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking the opioid medication for some time without objective documentation of functional improvement or significant decrease in pain. This medication has been recommended for weaning purposes only in a prior review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Levorphanol tartrate 2mg #120 is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. For example, the dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, this

medication was recommended for weaning on a prior utilization review and weaning should have been completed at this point. The request for zolpidem 10 mg #30 is not medically necessary.