

Case Number:	CM15-0146916		
Date Assigned:	08/07/2015	Date of Injury:	07/05/2007
Decision Date:	09/08/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 42 year old male who sustained an industrial injury on July 05, 2007. A primary treating office visit dated January 26, 2015 reported subjective complaint of having poor sleep and no new problems. His right knee pain has increased and it is becoming very difficult to function. His activity has remained the same. Current medications are: 5% Lidoderm patches, Percocet 10mg 325mg Tylenol, and Zolpidem ER. Previous treatment to include: activity modification, medication, spinal cord stimulator, injections. The worker did note back in October 2014 receiving approximately a 75% improvement in pain and functioning which lasted a month. The following diagnoses were applied: lumbar radiculopathy, radiculopathy, depression, and post laminectomy syndrome, lumbar. The plan of care noted recommending a steroid injection to the right knee, utilize a shower chair, provide a new cane, and continue Percocet and Ambien. He did receive a steroid injection on March 05, 2015 to the right knee. At a follow up dated March 19, 2015 he was prescribed Percocet and Zolpidem. A recent primary follow up dated May 14, 2015 reported continued subjective complaint of poor quality of sleep. The plan of care noted Ambien and Percocet to continue as he is reporting functional benefits from medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg tablet 1 by mouth three times daily as needed for pain #90 with 1 refill (prescribed 7/9/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is minimal pain relief and some nonspecific functional improvement noted with medication usage. The provider notes no side effects or aberrant behavior. It appears that ongoing opioid use would be supported. However, the request for refills is not supported as it is not conducive to regular reevaluation for the criteria outlined above and, unfortunately, there is no provision for modification of the current request. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering or to allow for an appropriate amount of medication at this time. In light of the above issues, the currently requested Percocet is not medically necessary.

Zolpidem 12.5mg tablet 1 at bedtime as needed #30 with 1 refill (prescribed 7/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability 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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

