

Case Number:	CM15-0163592		
Date Assigned:	08/31/2015	Date of Injury:	07/13/1994
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 7-13-1994. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include lumbar stenosis with neurogenic claudication, degenerative disc disease, headache, post-laminectomy cervical syndrome, myofascial pain syndrome, and facet arthropathy. Currently, she complained of ongoing low back pain with spasm and radiating to left lower extremity. On 7-28-15, the physical examination documented decreased and painful lumbar range of motion with tenderness and muscle spasms. The plan of care included OxyContin 20mg (Opana ER), one tablet every twelve hours #60 and Ambien 10mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20: Upheld

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

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used 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. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

Oxycontin 20mg #120: 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 opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Oxycontin not 1st line for mechanical or compressive etiologies. Long-term use has not been studied. In this case, the claimant was on Oxycontin as well as Percocet for several months with persistent high level of pain. Long-term use is not indicated. The claimant was previously on Opana and he claimant had 8/10 pain. No one opioids is superior to another and the Oxyconin was prescribed due to denial of Opana. Continued use of Oxycontin is not justified and not medically necessary.