

Case Number:	CM15-0165250		
Date Assigned:	09/14/2015	Date of Injury:	12/04/1994
Decision Date:	10/20/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female with a date of injury on 12-4-1994. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder rotator cuff tear, lumbar myofascial pain syndrome, lumbar discopathy, lumbar radiculopathy, anxiety and insomnia. Medical records (date to 6-25-2015) indicate ongoing lumbar spine pain rated at seven to eight out of ten. The pain radiated to the bilateral legs. The injured worker stated that her medications were helping with her pain. The physical exam (date to 6-25-2015) reveals decreased lumbar lordosis. There was tenderness to palpation of the right sacroiliac joint with spasm and guarding. There was facet tenderness noted in the bilateral L2 through S1 levels. There was decreased sensation along the right L4, L5 and S1 dermatomes. Lumbar spine range of motion was decreased. Treatment has included lumbar fusion and subsequent removal of hardware and medications. The injured worker has been prescribed Percocet, Ambien and Lyrica since at least 9-25-2014. Per the progress report dated 3-26-2015, there were some inconsistencies with urinary drug screening test; compliance was discussed. The physician documents (6-25-2015) "She is coming up inconsistent with Tramadol that I am not prescribing." The request for authorization dated (7-20-2015) was for Percocet, Ambien and Lyrica and urine toxicology screening. The original Utilization Review (UR) (8-7-2015) denied requests for Ambien and Percocet. Utilization Review certified a request for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-online, Pain chapter, Zolpidem.

Decision rationale: The records indicate the patient has chronic low back pain with associated bilateral leg pain. The current request for consideration is Ambien 10mg, thirty count. The attending physician states that Ambien helps the patient sleep longer and uninterrupted. CA MTUS is quite on Ambien (Zolpidem). The ODG states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient presents with chronic pain affecting the lumbar spine with associated leg pain. The current request is for Zolpidem 10mg. The ODG guidelines state that Zolpidem is approved for the short-term (7-10 days) for treatment of insomnia. The patient has been taking Zolpidem for longer than six weeks. This request is not consistent with ODG guidelines. The available medical records do not establish medical necessity for the request per ODG guidelines. Therefore the request is not medically necessary.

Percocet 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The records indicate the patient has chronic low back pain with associated bilateral leg pain. The current request for consideration is Percocet 10/325mg, 120 count. The attending physician states the medication helps her pain. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is no pain assessment

which discusses the patient's baseline pain without medication and after taking the medication. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of functional improvement with the use of this medication. There is also no discussion of inconsistent drug screens which were brought to the attention of the treating physician on more than one occasion according to the medical records. The available medical records do not establish medical necessity for the ongoing treatment with opioid medication. The request is not medically necessary.