

Case Number:	CM15-0181887		
Date Assigned:	09/23/2015	Date of Injury:	06/16/2014
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

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 44 year old male, who sustained an industrial injury on 6-16-2014. The injured worker was being treated for low back pain secondary to degenerative disc disease at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) and moderate foraminal narrowing at L4-L5. On 8-18-2015, the injured worker reports ongoing lower back and bilateral leg pain. Associated symptoms include continued bowel and bladder urgency. The medical records (3-16-15 to 8-18-2015) did not include documentation of the subjective pain ratings. The physical exam (8-18-2015) reveals lumbar musculature and lumbosacral junction tenderness, palpable moderate muscle spasms, decreased lumbar range of motion with increasing pain with any movement, and straight leg raise are positive for leg pain bilaterally. The treating physician noted that the injured worker walked with a walker and held most of his weight with his upper extremities on movement. The treating physician noted that Dilaudid and Ambien provided the injured worker with increased sleep. Per the treating physician (6-9-2015 report), an MRI of the lumbar spine from 4-12-2015 revealed moderate to severe disc height narrowing at L4-L5 (lumbar 4-lumbar 5) increased. There was moderate bilateral neural foraminal narrowing with postoperative changes. A recent urine drug screen was not included in the provided medical records. Surgeries to date have included lumbar laminectomy and discectomy in 1984. Treatment has included physical therapy, off work, a non-steroidal anti-inflammatory injection, a cane, a walker, and medications including pain (Dilaudid since at least June 2015), muscle relaxant, hypnotic (Ambien), and non-steroidal anti-inflammatory. Per the treating physician (8-18-2015 report), the injured worker was temporarily totally disabled and was to remain off work. On 8-18-2015, the requested treatments included Dilaudid 4mg quantity 120 and Ambien 10mg quantity 15. On 8-26-2015, the original utilization review partially approved a request for Dilaudid 4mg quantity 90 (original

request for #120) and Ambien 10mg quantity 10 (original request for #15) to avoid abrupt discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg quantity 120: 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, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for low back and bilateral leg pain. He has a history of lumbar spine surgery with a recurrent disc herniation and revision surgery is being recommended. When seen, he was having increasing pain and was requesting a refill of medications. Physical examination findings included minimal lumbar spine range of motion and increased pain with any type of movement. Straight leg raising was positive bilaterally. There was lumbar tenderness with moderate spasms. He had an extremely slow and guarded gait and was using a walker with un-weighting through his arms. His body mass index was over 33. Dilaudid 4 mg #120 was refilled and Ambien was requested. Dilaudid (hydromorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or evidence that this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Ambien 10mg quantity 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for low back and bilateral leg pain. He has a history of lumbar spine surgery with a recurrent disc herniation and revision surgery is being recommended. When seen, he was having increasing pain and was requesting a refill of medications. Physical examination findings included minimal lumbar spine range of motion and increased pain with any type of movement. Straight leg raising was positive bilaterally. There was lumbar tenderness with moderate spasms. He had an extremely slow and guarded gait and was using a walker with un-weighting through his arms. His body mass index was over 33. Dilaudid 4 mg #120 was refilled and Ambien was requested. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine

hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not considered medically necessary.