

Case Number:	CM15-0191482		
Date Assigned:	10/05/2015	Date of Injury:	01/22/2013
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50-year-old female, who sustained an industrial injury on 1-22-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar disc protrusion, lumbar radiculopathy, and internal derangement of the bilateral knees. According to the progress report dated 8-26-2015, the injured worker presented with complaints of sharp, throbbing, low back pain with radiation into the bilateral lower extremities, associated with numbness and tingling. In addition, she reports sharp, throbbing bilateral knee pain. On a subjective pain scale, she rates her pain 9 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation of the bilateral paravertebral muscles and sacroiliac joints, muscle spasms in the bilateral gluteus and paravertebral muscles, reduced range of motion, and positive straight leg raise test bilaterally. Examination of the right knee reveals tenderness to palpation over the anterior, medial, and posterior knee with muscle spasms, restricted range of motion, and positive McMurray's sign. Examination of the left knee reveals tenderness to palpation of the anterior and posterior knee. There is muscles spasms of the anterior, medial, and posterior knee, limited range of motion, and positive McMurray's sign. The current medications are OxyContin (since at least 5-14-2015), Ambien (7-22-2015), Neurontin, and Meloxicam. The treating physician noted that she has been on chronic opioid therapy for over a year and is clearly dependent and possibly addicted to opioid painkiller medication. He notes that she has failed tapering of these medications. Previous diagnostic testing includes x-rays and MRI studies. Treatments to date include medication management. Work status is not indicated. The plan of care includes a request for a NESP-R program consultation. The original utilization review (9-3- 2015) partially approved a request for OxyContin #13 (original request was for #60) and

Ambien #7 (original request was for #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 10mg #60: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin CR 10 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar radiculopathy; right knee internal derangement; and left knee internal derangement. Date of injury is January 22, 2013. Request for authorization is September 1, 2015. According to a May 14, 2015 progress note, the treating provider prescribed OxyContin CR 10 mg and Ambien 10 mg. This is a progress note and not the start date. According to progress note, dated August 26, 2015, subjective complaints include low back pain and bilateral knee pain 9/10. The injured worker wears bilateral knee orthotics and crutches. The injured worker has been using chronic opiate for greater than one year, appears to be opiate dependent, and possibly addicted. The injured worker failed opiate tapering. The treating provider is inquiring regarding a detoxification center. There is no documentation demonstrating objective functional improvement. There are no risk assessments for detailed pain assessments. There is a urine drug toxicology screen dated May 14, 2015 that was negative for Ambien. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no risk assessments are detailed pain assessments and no specific documentation indicating attempted weaning, OxyContin CR 10 mg #60 is not medically necessary.

Ambien 10mg #30: 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) Online, 2015, Chapter: Pain (chronic) Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar radiculopathy; right knee internal derangement; and left knee internal derangement. Date of injury is January 22, 2013. Request for authorization is September 1, 2015. According to a May 14, 2015 progress note, the treating provider prescribed OxyContin CR 10 mg and Ambien 10 mg. This is a progress note and not the start date. According to progress note, dated August 26, 2015, subjective complaints include low back pain and bilateral knee pain 9/10. The injured worker wears bilateral knee orthotics and crutches. The injured worker has been using chronic opiate for greater than one year, appears to be opiate dependent, and possibly addicted. The injured worker failed opiate tapering. The treating provider is inquiring regarding a detoxification center. There is no documentation of ongoing insomnia or sleep difficulties within the subjective section of the progress note. Ambien is recommended for short-term (7-10 days). The treating provider continued Ambien, at a minimum, for three months. The specific start date for Ambien is not specified in the medical rest. There are no compelling clinical facts indicating ongoing Ambien is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and continue treatment well in excess of (7-10 days), Ambien 10 mg #30 is not medically necessary.