

Case Number:	CM15-0194936		
Date Assigned:	10/08/2015	Date of Injury:	02/13/2013
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

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 (n) 56 year old male, who sustained an industrial injury on 2-13-13. The injured worker was diagnosed as having chronic foot pain, bilateral ankle pain and back pain, rule out L1 compression fracture. Medical records (5-18-15 through 8-5-15) indicated 7 out of 10 lumbar-sacral and bilateral feet pain. The physical exam (5-18-15 through 8-5-15) revealed lumbar range of motion 80% in all planes, a negative straight leg raise test and "decreased" range of motion of the bilateral ankles. As of the PR2 dated 9-4-15, the injured worker reports continued pain to bilateral lower extremities and back. Objective findings include lumbar range of motion "60% flexion to extension", motor 5 out of 5 and pain with ambulation. There is no documentation of current pain level or pain levels with and without medications. Also, there is no documentation of the injured worker sleep quality. Current medications include Ambien (since at least 4-20-15) and Dilaudid (since at least 11-26-14). Treatment to date has included physical therapy (number of sessions and location not provided) in 2009 and 2014, psychiatric treatments, a home exercise program, Baclofen, Omeprazole, Cymbalta and Ultram. The treating physician requested Ambien 10mg #10 and Dilaudid 4mg #21. The Utilization Review dated 9-21-15, non-certified the request for Ambien 10mg #10 and Dilaudid 4mg #21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.

Dilaudid 4 mg Qty 21: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.