

Case Number:	CM15-0196633		
Date Assigned:	10/12/2015	Date of Injury:	12/14/1999
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 14, 1999. In a utilization review report dated October 2, 2015, the claims administrator partially approved a request for Percocet, denied a request for Ambien, and denied a request for Flexeril. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 22, 2015, the applicant reported 9/10 pain without medications versus 8/10 pain with medications. The note was somewhat difficult to follow, was nine pages long, and mingled historical issues with current issues to some degree. One section of the note stated that the applicant's overall activity level had decreased, while another section of the note stated that the applicant's medications were working well. The applicant's overall quality of sleep was poor, it was reported. The applicant had undergone earlier failed lumbar spine surgery in 2004, it was stated. The applicant's medication list included Percocet, Ambien, aspirin, Flexeril, Colace, and Lidoderm patches, it was reported. Multiple medications were renewed. The treating provider contended the applicant's ability to perform self-care, personal hygiene, and laundry had all been ameliorated as a result of ongoing medication consumption. Permanent work restrictions were renewed. It was acknowledged the applicant was not working with said limitations in place. A repeat epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

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

Decision rationale: The request for Percocet, a short-acting opioid, is medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, the treating provider acknowledged on the September 22, 2015 office visit at issue. The applicant was not working with permanent limitations in place, it was reported on that date. Pain complaints as high as 8/10 were reported, despite ongoing medication consumption. The applicant's activity level was described as diminished on the date in question. Heightened radicular pain complaints were reported on September 22, 2015. While other sections of the treating provider's progress note did outline some reported improvement in ability to perform activities of daily living such as self-care, personal hygiene, and laundry, these reports were, however, outweighed by the applicant's failure to return to work, the applicant's continued reports of pain complaints as high as 8/10 despite ongoing medication consumption, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Ambien 10mg #20: 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): Mental Illness & Stress: Insomnia treatment. 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, is likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA-labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien, in effect, represented treatment in

excess of the FDA label and treatment which ran counter to ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes Ambien, is not recommended for long-term use purposes, but, rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition, cyclobenzaprine, or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents, including Percocet, Ambien, Lidoderm patches, etc., the treating provider acknowledged on September 22, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 60-tablet supply of Flexeril at issue, furthermore, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Flexeril (cyclobenzaprine) is not medically necessary.