

Case Number:	CM15-0201039		
Date Assigned:	10/16/2015	Date of Injury:	07/30/2003
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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 46 year old male, who sustained an industrial-work injury on 7-30-03. He reported initial complaints of back pain. The injured worker was diagnosed as having chronic pain syndrome. Treatment to date has included medication, prior surgery (lumbar fusion and microdiscectomy in 2004, fusion L5-S1 in 2009), and diagnostics. Currently, the injured worker complains of chronic constant low back pain rated 4 out of 10, that included the left leg. Meds include Butrans patch, Norco, Arthotec, Ambien, Amitriptyline, and Benazepril Hcl. Per the primary physician's progress report (PR-2) on 8-24-15, exam notes alert and oriented, affect is appropriate, judgment and insight are appropriate. There is backache, muscle pain, foot pain to left foot, and right hand pain. Impression was stable condition. Urine toxicology testing was negative for prescribed medication (Norco). Current plan of care includes medication refill. The Request for Authorization requested service to include Butrans 20mcg patch #24 and Ambien 10mg #90. The Utilization Review on 10-1-15 modified the request for Butrans 20mcg patch #8, no refill and denied Ambien 10mg #90 #24, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg patch #24: 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): Buprenorphine. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary and Other Medical Treatment Guidelines Butrans prescribing information.

Decision rationale: The claimant has a remote history of a work injury in July 2003 and is being treated for chronic pain. The claimant has a history of a microdiscectomy in 2004 and L5/S1 fusion in 2009. He has left lower extremity radicular pain. When seen, pain he was having constant left leg pain rated at 2/10. He was struggling with insomnia and using Ambien continuously. Physical examination findings included a body mass index over 31. Ambien, Norco, Butrans, Arthrotec, Amitriptyline, and Benazepril were prescribed. Butrans is reserved for use in patients for whom alternative treatment options including immediate-release opioids are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. It is a partial agonist with a very high affinity for the-opioid receptor. Prescribing Butrans with another opioid medication such as Norco would be expected to decrease the efficacy of the Norco and there are other available sustained release opioid medications that could be considered. Norco continues to be prescribed. Prescribing Butrans is not appropriate and is not medically necessary.

Ambien 10mg #90: 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 Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury in July 2003 and is being treated for chronic pain. The claimant has a history of a microdiscectomy in 2004 and L5/S1 fusion in 2009. He has left lower extremity radicular pain. When seen, pain he was having constant left leg pain rated at 2/10. He was struggling with insomnia and using Ambien continuously. Physical examination findings included a body mass index over 31. Ambien, Norco, Butrans, Arthrotec, Amitriptyline, and Benazepril were prescribed. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine 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.