

Case Number:	CM15-0206542		
Date Assigned:	10/23/2015	Date of Injury:	07/24/2008
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 47-year-old male with a date of industrial injury 7-24-2008. The medical records indicated the injured worker (IW) was treated for status post multiple trauma; status post head injury with post-concussive syndrome; status post open reduction internal fixation of right elbow fracture with residual stiffness and neuropathic pain; status post open reduction internal fixation of right wrist fracture with residual stiffness; lumbar strain-sprain and right radiculopathy, chronic; status post lumbar surgery (2010); gait disorder; status post open reduction internal fixation of pelvic fracture (2008); right knee strain-sprain; and chronic pain syndrome with chronic opiate use. In the progress notes (7-30-15, 8-26-15, 9-24-15), the IW reported pain in the low back, right elbow, right wrist, pelvis and right knee rated 5 to 10 out of 10; rest and medication improved the pain. He reported he was unable to cook meals, walk for 30 minutes, do outdoor chores, participate in home exercise or other physical or recreational activities, socialize with friends or drive more than 90 minutes due to his pain. On examination (8-26-15 and 9-24-15 notes), he wore a right knee brace and walked with a single crutch. Range of motion of the low back was decreased and painful. The right elbow and right wrist scars were healed, both areas were tender with decreased ranges of motion. Treatments included acupuncture, cervical and lumbar injections and physical therapy. Medications were Percocet 10-325mg (since at least 4-2015), Ambien 12.5mg (since at least 6-2015), Cymbalta, Pamelor, Prilosec and Lyrica. There was no documentation of improved pain levels or functional gains with the use of his medications. The provider noted the urine drug screen dated 9-5-15 was reviewed, but results were not given. Work status was per the primary treating physician. A Request for Authorization was received for Percocet 10-325mg #120 and Ambien 12.5mg #15. The Utilization Review on 10-8-15 non-certified the request for Percocet 10-325mg #120 and Ambien 12.5mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #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 for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated in the records. The request is not medically necessary.

Ambien 12.5mg #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 (ODG), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien. The request is not medically necessary.