

Case Number:	CM15-0021684		
Date Assigned:	02/11/2015	Date of Injury:	02/03/2000
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, California
 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 56 year old female, who sustained an industrial injury on February 3, 2000. She has reported back, neck and wrist pain. The diagnoses have included facet arthropathy, cervical, cervicalgia, carpal tunnel syndromes, arm pain and adjustment disorder with anxiety. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine and carpal tunnel release, conservative therapies, pain medications and lifestyle modifications. Currently, the IW complains of neck, back and wrist pain. The injured worker reported an industrial injury in 2000, resulting in chronic neck, back and wrist pain. She was treated conservatively however required surgical interventions of the wrists and cervical spine. The pain was noted to continue in spite of the tried therapies. Evaluation on November 5, 2014, revealed continued, chronic pain. She reported sleep disturbances secondary to the pain. Evaluation on January 7, 2015, revealed an appropriate urine drug screen and continued pain. At the time the claimant had been off of Oxycontin and had been using Oxycodone every other day. The claimant had been on Oxycodone since at least July 2014. The claimant had also been on Ambien since then for sleep disturbance. On January 16, 2015, Utilization Review non-certified a request for oxycodone 5mg #90 and Ambien 10mg #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of requested oxycodone 5mg #90 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 6 months. The claimant had been using the medication every other day. The quantity supplied indicates a daily use. The continued use of Oxycodone as prescribed above is not medically necessary.

Ambien 10mg #30 with 1 refill: 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 Chapter, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain guidelines, insomnia medications

Decision rationale: Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Long-term use can increase risk of mortality. Continued use of Zolpidem is not medically necessary.