

Case Number:	CM15-0024643		
Date Assigned:	02/17/2015	Date of Injury:	09/15/2011
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 46 year old female, who sustained an industrial injury on 09/15/2011. On provider visit dated 01/21/2015 the injured worker has reported back pain, left foot pain and lower leg pain. Spinal cord stimulator is "helpful". There is concern by provider about patient's ambien use. Pain is 3-7/10 even with medications. On examination she was noted to have left foot ankle pain, pain to touch of left lower leg and increase of back pain on flexion. The diagnoses have included back pain, reflex sympathetic dystrophy of the lower limb, pain in joint, rule out lumbar back pain with radiculopathy and chronic insomnia. Patient has a history of T10-11 laminectomy and spinal cord stimulator. Treatment to date has included spinal cord stimulator, and medication. Patient is currently on Kadian 20mg XR BID, Dilaudid 8mg up to 6 a day, gabapentin, Terazosin, Lorazepam and Ambien. On 01/28/2015 Utilization Review non-certified Zolpidem Tartate 5mg, quantity: 60 tablets with 2 refills, Dilaudid 8mg, quantity: 80 tablets, and Kadian 20mg, quantity: 60 tablets. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartate 5mg, quantity: 60 tablets with 2 refills: 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), Treatment Index, 11th Edition (web), 2013, Chronic Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain(Chronic): Insomnia Treatment

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien/Zolpidem is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The chronic use of Ambien is not medically appropriate and is not medically necessary.

Dilaudid 8mg, quantity: 80 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Patient has chronic pains and takes a large number of opioids. Calculations of prescription shows patient takes up to 48mg of Hydromorphone and a total of 40mg of Morphine a day which is over 232mg Morphine Equivalent Dose(MED). Dilaudid is Hydromorphone, a high potency opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain or activity of daily living. There is no appropriate documentation of monitoring for side effects or abuse. Combination of all of opioids that patient is on, patient takes over 230mg MED of opioids which has exceeded the recommended safe level of 120mg Morphine Equivalent Dose level. Documentation does not support the continued ongoing management and use of Dilaudid. There is no documentation of long term plan. There is no objective evidence of actual weaning going on. Patient is taking excessive amounts of opioids beyond recommended safety level without documentation of appropriate plan. Use of Dilaudid is not medically necessary.

Kadian 20mg, quantity: 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Patient has chronic pains and takes a large number of opioids. Calculations of prescription shows patient takes up to 48mg of Hydromorphone and a total of 40mg of Morphine a day which is over 232mg Morphine Equivalent Dose(MED). Kadian is extended release morphine, an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain or activity of daily living. There is no appropriate documentation of monitoring for side effects or abuse. Combination of all of opioids that patient is on, patient takes over 230mg MED of opioids which has exceeded the recommended safe level of 120mg Morphine Equivalent Dose level. Documentation does not support the continued ongoing management and use of Kadian. There is no documentation of long term plan. There is no objective evidence of actual weaning going on. Patient is taking excessive amounts of opioids beyond recommended safety level without documentation of appropriate plan. Use of Kadian is not medically necessary.