

Case Number:	CM15-0215694		
Date Assigned:	11/06/2015	Date of Injury:	03/25/2003
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male who sustained an industrial injury on 03-25-2003. Medical records indicated the worker was treated for: thoracic-lumbar neuritis-radiculitis, Postlaminectomy syndrome lumbar region, pain in joint-upper arm, reflex sympathetic dystrophy upper limb. In the provider notes of 08-04-2015, the injured worker complains of pain in his back, neck, shoulder, elbow low back hip, knee and ankle. His pain is characterized as burning, aching, pins and needles. It is constant and radiating and is increased by lifting. He rates his pain at least a 2 and at worst a 9. Medication improves his condition. On examination he shows no signs of sedation or withdrawal. His medications include Methadone, Ambien, Lyrica, MSIR, Ambien, and Soma. A trial of Amitiza is prescribed is on 08-04-2015. His urine drug screens show compliance with his prescribed medications. According to the worker his current medications are helping control his pain and have restored his quality of life. According to the provider, the worker is bedbound without the medication. A request for authorization was submitted for: 1. Methadone 10mg #360 (RXd 9-30-2015). 2. MSIR 30mg #240 (RXd 9-30-2015). 3. Ambien 10mg #30 (RXd 9-30-2015). 4. Amitiza 24mcg #60 (RXd 9-30-2015). 5. Lyrica 200mg #120 (RXd 9-30-2015). A utilization review decision 10-13-2015 Approved: Lyrica 200mg #120 (RXd 9-30-2015), Amitiza 24mcg #60 (RXd 9-30-2015). Denied but approved for weaning: Methadone 10mg #360, MSIR 30mg #240, Ambien 10mg #30

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #360 (RXd 9/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids for neuropathic pain, Opioids, pain treatment agreement.

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

Decision rationale: The patient presents with lumbar back surgery syndrome with chronic intractable pain and has complex regional pain syndrome lower extremities. The patient recently complained of painful restricted range of movements in the back. The current request is for Methadone 10mg, quantity 360. The treating physician states in the treating report dated 8/4/15 (11B) in the Plan section: Today I have prescribed the following medications: Methadone, Lyrica, MSIR, Ambien. He reports that he would like to try to reduce his medications and will try to do so. His current medications are helping control his pain and have restored his quality of life. He is bedbound without the medication. For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is a minimal discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

MSIR 30mg #240 (RXd 9/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, dosing, Opioids, pain treatment agreement.

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

Decision rationale: Rationale paragraph: The patient presents with lumbar back surgery syndrome with chronic intractable pain and has complex regional pain syndrome lower extremities. The patient recently complained of painful restricted range of movements in the back. The current request is for MSIR 30mg, quantity 240. The treating physician states in the treating report dated 8/4/15 (11B) in the Plan section: Today I have prescribed the following medications: Methadone, Lyrica, MSIR, Ambien. He reports that he would like to try to reduce

his medications and will try to do so. His current medications are helping control his pain and have restored his quality of life. He is bedbound without the medication. For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is a minimal discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

Ambien 10mg #30 (RXd 9/30/2015): 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 ODG, Pain Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with lumbar back surgery syndrome with chronic intractable pain and has complex regional pain syndrome lower extremities. The patient recently complained of painful restricted range of movements in the back. The patient is dependent on Ambien for Insomnia. The current request is for Ambien 10mg, quantity 30. The treating physician states in the treating report dated 8/4/15 (11B) in the Plan section: Today I have prescribed the following medications: Methadone, Lyrica, MSIR, Ambien. He reports that he would like to try to reduce his medications and will try to do so. His current medications are helping control his pain and have restored his quality of life. He is bedbound without the medication. MTUS and ACOEM Guidelines do not address Ambien; however, ODG state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the clinical records indicate the patient has not been prescribed Ambien in the past dating back to at least 12/24/14 (193B). However, the clinical history fails to document when the patient began treating with Ambien and fails to document the patient is experiencing insomnia. A short course of 7 to 10 days may be indicated for insomnia, however, the current request is based upon long-term usage of this medication. ODG Guidelines does not recommend long-term use of this medication. The current request is not medically necessary.