

Case Number:	CM15-0035699		
Date Assigned:	03/04/2015	Date of Injury:	08/11/2003
Decision Date:	04/17/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 36 year old male, who sustained an industrial injury on 8/11/03. On 2/25/15, the injured worker submitted an application for IMR for review of Ambien CR 12.5mg #30, and Oxycontin 20mg #270. The treating provider has reported the injured worker complained of continued left wrist and hand pain. The diagnoses have included pain of the foot/leg/arm/digit; RSD upper limb. Treatment to date has included status post carpal tunnel release with neurolysis median nerve; multiple branches and tenolysis tendons of index and long digit (11/8/11; EMG/NCS upper extremity (7/19/12). On 1/22/15 Utilization Review NON-CERTIFIED Ambien CR 12.5mg #30, and MODIFIED Oxycontin 20mg #270 to #80 and remaining #190 are being non-certified. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines under the Mental Illness and Stress Chapter on Zolpidem.

Decision rationale: This patient presents with left hand and wrist pain. The treater is requesting AMBIEN CR 12.5 MG QUANTITY 30. The RFA dated 01/15/2015 shows a request for Ambien CR 12.5 mg tablet extended-release one tablet PO QHS PRN 30 days, for a total of 30, start on January 6, 2015 end on February 4, 2015. The patient's date of injury is from 08/11/2003 and his current work status was not made available. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on Zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien CR since December 2009. In this case, the patient has taken this medication longer than 24 weeks. The request IS NOT medically necessary.

Oxycontin 20mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; on-going management Page(s): 88, 89, 78.

Decision rationale: This patient presents with left hand and wrist pain. The treater is requesting OXYCONTIN 20 MG QUANTITY 270. The RFA dated 01/15/2015 shows a request for Oxycontin 20 mg 2-3 tablets PO TID 30 days for a total of 270 start on January 06, 2015 end on Feb 04, 2015. The patient's date of injury is from 08/11/2003 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The medical records show that the patient was prescribed OxyContin on 01/13/2014. The 01/06/2015 report notes medication efficacy stating, "Medications are well tolerated. He has no side effects." The patient's pain level with medication use is 7/10. The urine drug screens from 02/20/2014 to 11/14/2014 show inconsistent results. There are no specific discussions regarding activities of daily living. There are no before and after pain scales to show significant analgesia. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.