

Case Number:	CM15-0041274		
Date Assigned:	03/11/2015	Date of Injury:	03/30/2004
Decision Date:	04/21/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	03/04/2015

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 64-year-old female, who sustained an industrial injury on 3/20/04. The injured worker has complaints of leg pain, neck pain and low back pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbosacral-spondylosis without myelopathy; long-term (current) use of other medications and encounter for therapeutic drug monitoring. Treatment to date has included lumbar laminectomy in 2005; fusion on L5/S1 in 2013; Anterior Cervical Decompression and Fusion in 2013 and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-92, 16-17, 24, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, low back, and bilateral leg. The current request is for Tylenol 3 #180. The treating physician report dated 1/23/15 (16B) states, "Is in constant pain, managed with meds." The report goes on to state, "Patient reports opioids reduce their pain and makes them more physically functional. No evidence of opioid abuse, diversion or addiction." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Tylenol 3 since at least 10/1/14. The report dated 1/23/15 notes that the patient's pain level is 5/10 while on current medication. No adverse effects or adverse behavior were noted by patient except. The patient's ADL's have improved such as the ability to do chores, and stand/sit for a longer period of time. The treating physician has a pain agreement on file and has performed a CURES report. The continued use of Tylenol 3 has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization. The request is medically necessary.

Zolpidem ER 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 (ODG) Treatment Index, 11th edition (web) , 2013, Pain Chapter, Zolpidem ER.

MAXIMUS guideline: Decision based on Non-MTUS Citation ODG, Pain, Zolpidem.

Decision rationale: The patient presents with pain affecting the neck, low back, and bilateral leg. The current request is for Zolpidem ER 12.5mg #30. The treating physician report dated 1/23/15 (16B) states, "Is in constant pain, managed with meds." The report goes on to state, "We refilled zolpidem ER 12.5 mg qhs for insomnia." MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines Pain Chapter Zolpidem topic state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is allowed up to 24 weeks, but states that Ambien CR offers "no significant clinical advantage over regular release Zolpidem. Ambien Cr is approved for chronic use, but chronic use of hypnotics in general is discouraged." Medical reports provided, show the patient has been taking Zolpidem since at least 10/1/14. In this case, the use of Zolpidem is outside the recommended 7-10 days recommended by the ODG guidelines and the physician is prescribing Zolpidem to be taken every night at bedtime. Furthermore, there is limited documentation of the medications efficacy in treating the patient's insomnia. The current request does not satisfy the ODG guidelines as outlined in the "Pain" chapter. The request is not medically necessary.

Valium 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain affecting the neck, low back, and bilateral leg. The current request is for Valium 10mg. The treating physician report dated 1/23/15 (16B) states, "Is in constant pain, managed with meds." MTUS page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Medical reports provided, show the patient has been taking Valium since at least 10/1/14. In this case, the current request for Valium is outside the 4 weeks recommended by the MTUS guidelines. Furthermore, there is no quantity of Valium to be prescribed to the patient specified in the current request and the MTUS guidelines do not support an open-ended request. Recommendation is for denial. The request is not medically necessary.