

Case Number:	CM15-0058165		
Date Assigned:	04/02/2015	Date of Injury:	09/20/2000
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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 45 year old female, who sustained an industrial injury on September 20, 2000. She has reported lower back pain, bilateral leg pain, and right knee pain. Diagnoses have included neuralgia, neuritis, or radiculitis; myalgia and myositis; lumbago; knee pain; lumbosacral radiculitis; lumbar post laminectomy syndrome; and sleep disorder. Treatment to date has included medications, chiropractic care, physical therapy, aqua therapy, transforaminal epidural steroid injection, lumbar spine surgery, facet blocks, transcutaneous electrical nerve stimulation unit, H wave unit, trigger point injections, light therapy, cognitive behavioral therapy, and psychotherapy. A progress note dated January 29, 2015 indicates a chief complaint of right knee pain, lower back pain, and bilateral leg pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin ER 10mg #10: Upheld

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

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

Decision rationale: According to the guidelines, opioids are not recommended for mechanical or compressive etiologies. Long-term use has not been studied. In this case, the claimant had been on Oxycontin for several months. The pain level remained high at 8/10. The claimant had been on Percocet along with the Oxycontin. Combined dosage of Oxycontin and Percocet exceeded the Morphine equivalent of 120 mg recommended by the guidelines. Based on the clinical information and the guidelines, continued use of Oxycontin as above is not medically necessary.

OxyContin ER 10mg #50: Upheld

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

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

Decision rationale: According to the guidelines, opioids are not recommended for mechanical or compressive etiologies. Long-term use has not been studied. In this case, the claimant had been on Oxycontin for several months. The pain level remained high at 8/10. The claimant had been on Percocet along with the Oxycontin. Combined dosage of Oxycontin and Percocet exceeded the Morphine equivalent of 120 mg recommended by the guidelines. Based on the clinical information and the guidelines, continued use of Oxycontin as above is not medically necessary.

Zolpidem 10mg #30 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 - TWC Pain Procedure Summary, Zolpidem (Ambien) and Mosby's Drug consult, Zolpidem Tartrate (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain chapter - insomnia medications and pg 64.

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. Pain appeared to contribute to sleep difficulties rather than a primary sleep disorder. Continued use of Zolpidem is not medically necessary.