

Case Number:	CM15-0083469		
Date Assigned:	05/05/2015	Date of Injury:	02/19/2007
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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:

This 55-year-old female sustained an industrial injury on 2/19/07. She subsequently reported Diagnoses include lumbar radiculopathy, lumbar post laminectomy syndrome and cervical radiculopathy. Treatments to date include x-ray and MRI testing, surgery physical therapy, injections and prescription pain medications. The injured worker continues to experience chronic low back pain. Upon examination, she ambulated with antalgia, positive myofascial triggers at bilateral L4 and L5, and decreased cervical and neck ranges of motion were noted. The treating physician made a request for Ambien, Oxycontin and Norco medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg #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), "Zolpidem".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 02/19/07 and presents with neck pain, arm pain, and low back pain which radiates to the bilateral posterior thighs. The request is for AMBIEN 5 MG #30. There is no RFA provided and the patient's work status is not provided either. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use 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. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient is diagnosed with lumbar radiculopathy, lumbar post laminectomy syndrome, and cervical radiculopathy. She ambulates with antalgia, has decreased sensation in the right anterior thigh, has positive myofascial triggers at bilateral L4 and L5, and has a decreased cervical spine range of motion. It appears that this is the initial request for Ambien. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the request is for 30 tablets of Ambien which is a long term basis and is not recommended by ODG Guidelines. Therefore, the requested Ambien IS NOT medically necessary.

Oxycontin 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89,76-78.

Decision rationale: The patient was injured on 02/19/07 and presents with neck pain, arm pain, and low back pain which radiates to the bilateral posterior thighs. The request is for OXYCONTIN 20 MG #90. There is no RFA provided and the patient's work status is not provided either. Reports are provided from 08/28/14 to 03/05/15. The patient has been taking this medication as early as 08/28/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. The 09/25/14 report states that the patient rates her pain as an 8-9/10 to a 5/10. The 12/04/14 report states that she rates her pain as a 6-9/10, which is decreased to a 3/10 with medications, and she has no side effects. On 01/08/15 and 03/05/15, she rated her pain as a 6/10, which decreased to a 3/10 with medications and no side effects. "Reviewed CURES. Narcotic contract in chart. U/A ok." Although the treater provides before-and-after medication usage to document analgesia and provides a discussion regarding side effects/adverse behavior, not all 4 A's are addressed as required by MTUS guidelines. There are no specific

examples of ADLs, which demonstrate medication efficacy. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The patient has a CURES report on file and is compliant with her prescribed medications. However, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycontin IS NOT medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids,hydrocodone Page(s): 88-90, 76-78.

Decision rationale: The patient was injured on 02/19/07 and presents with neck pain, arm pain, and low back pain which radiates to the bilateral posterior thighs. The request is for NORCO 10/325 MG #120. There is no RFA provided and the patient's work status is not provided either. Reports are provided from 08/28/14 to 03/05/15. The patient has been taking this medication as early as 08/28/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 09/25/14 report states that the patient rates her pain as an 8-9/10 to a 5/10. The 12/04/14 report states that she rates her pain as a 6-9/10, which is decreased to a 3/10 with medications, and she has no side effects. On 01/08/15 and 03/05/15, she rated her pain as a 6/10, which decreased to a 3/10 with medications and no side effects. "Reviewed CURES Narcotic contract in chart. U/A ok." Although the treater provides before-and-after medication usage to document analgesia and provides a discussion regarding side effects/adverse behavior, not all 4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs, which demonstrate medication efficacy. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The patient has a CURES report on file and is compliant with her prescribed medications. However, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.