

Case Number:	CM15-0084915		
Date Assigned:	05/07/2015	Date of Injury:	08/09/2013
Decision Date:	09/29/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old male, who sustained an industrial injury on 8-9-13. The injured worker has complaints of low back pain that radiates down the buttocks with numbness radiating down the left lower extremity. The documentation noted that the sensory decreased over the left L4, L5 and S1 (sacroiliac) dermatome distribution. The diagnoses have included L4-5 and L5-S1 (sacroiliac) disc degeneration and displacement L4-5 stenosis, left leg radiculopathy, right shoulder impingement syndrome. Treatment to date has included dilaudid; ativan; amitiza; restoril; naproxen; ambien and lumbar spine X-ray showed posterior instrumentation and interbody cages in good position at L4-S1 (sacroiliac) levels. The request was for dilaudid 4mg #360; amitiza 24mg #60 and ambien 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

Decision rationale: Dilaudid 4mg #360 is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Dilaudid without significant evidence of functional improvement and at a dose that exceeds the MTUS recommended limit of 120mg oral morphine equivalents daily therefore the request for continued Dilaudid is not medically necessary.

Amitiza 24mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Lubiprostone (Amitiza).

Decision rationale: Amitiza 24mg #60 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that prophylactic treatment of constipation should be initiated when on opioids. The ODG states that Amitiza can be used only as a possible second-line treatment for opioid-induced constipation. The documentation indicates that opioids are not medically necessary therefore Amitiza is not medically necessary.

Ambien 40mg #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, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Zolpidem (Ambien).

Decision rationale: Ambien 40mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The guidelines do not recommend this medication long term. The request for Ambien is not medically necessary.

