

Case Number:	CM14-0111246		
Date Assigned:	08/01/2014	Date of Injury:	11/08/1999
Decision Date:	10/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old female who was injured on 11/18/1999. The mechanism of injury is unknown. Prior treatment history has included home exercise program. Progress report dated 06/10/2014 indicates the patient presented with complaints of low back pain radiating to the right thigh and leg. The pain is constant but reported the medication is helping. Objective findings on exam revealed decreased lumbar spine range of motion and tenderness to palpation. There is weakness on the right lower extremity. Impression is post laminotomy pain syndrome with chronic right lumbar radiculitis and partial foot-drop and failed spinal cord stimulation trial. The patient is recommended to continue with medications including Nucynta 100 mg for breakthrough pain, Valium 10 mg for anxiety, and Ambien 125 mg at bedtime. Prior utilization review dated 07/08/2014 states the requests for Med Rx 6/10/14 request for Nucynta 100mg 3 x day #; and Valium 10mg 3 x day #90; Ambien CR 12.5mg QHS #30 are denied but due to the nature of the drugs, weaning is recommended and 1 month supply will be allowed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Rx 6/10/14 request for Nucynta 100mg 3 x day #: 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 Opioids Page(s): 75-94.

Decision rationale: The guidelines recommend chronic opioid therapy for patients who show improved ADLs, improved pain control, no aberrant behavior, and no significant side effects. There should be documents of UDS within 6 months of starting opioid therapy and on a yearly basis thereafter for patients at low risk for substance abuse. The clinical documents did not discuss the above requirements in detail. The progress note from 6/10/14 was sparse and contained minimal subjective/objective information to warrant ongoing chronic opioid therapy. Given that the above criteria have not been met the medication does not meet guideline requirements at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Valium 10mg 3 x day #90: 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 Benzodiazepine Page(s): 24.

Decision rationale: The guidelines do not recommend benzodiazepines for chronic daily use. They have significant side effects, risk of dependence, and long-term efficacy has not been proven. The progress note from 6/10/14 was sparse and contained minimal subjective/objective information to warrant chronic benzodiazepine therapy outside of current guidelines. Given the nature of benzodiazepines and risk of withdrawal the medication is partially certified for tapering, Valium 5mg, and #30. Therefore the above request is not medically necessary.

Ambien CR 12.5mg QHS #30: Upheld

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

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

Decision rationale: CA MTUS is silent regarding the request. The ODG recommend Ambien as an option for short-term therapy of insomnia, generally 2-6 weeks. It is not recommended to use Ambien chronically for the treatment of insomnia. Ambien can be habit forming and significantly impair memory and functioning. The progress note from 6/10/14 was sparse and contained minimal subjective/objective information to warrant chronic Ambien therapy outside of current guidelines. It is also unclear how long the patient has been taking Ambien and the response to therapy. It is unclear what other conservative therapies have been tried for insomnia. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

