

Case Number:	CM14-0116317		
Date Assigned:	08/06/2014	Date of Injury:	08/16/1997
Decision Date:	10/14/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family 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:

This is a 54-year-old male with a date of injury of 8/16/97. The mechanism of injury occurred when he lost his balance and fell from a ladder to the floor. The patient was currently receiving multimodality conservative treatment and his medications include Robaxin, Senokot, Oxycodone 10mg #180, Avinza 120mg #60, and Ambien. A urine drug screen (UDS) on 4/24/14 was positive for the prescribed opiates but Ambien was negative. On 3/25/14 and 4/22/14 follow-up visits showed no acute exacerbation of insomnia, breakthrough pain/myospasm or acute exacerbation of pain/myospasm. On 5/20/14, the patient stated his low back pain was about 10% worse since his last visit and is rated 7-8/10. His Norco was changed at this time back to Oxycodone 10mg #168, which was originally noted to have been discontinued on 4/23/14. No drug seeking behavior was noted and except for constipation, no other side effects were noted. On 6/17/14 there was documented moderate pain relief and improvement in functionality for both indoor and outdoor activities. His Oxycodone prescribed on this date was 10mg #180. On exam there was tenderness and restricted lumbar range of motion with preserved deep tendon reflexes, motor strength and sensations in the lower extremities. The diagnostic impression is low back pain, lumbar radiculopathy, and lumbosacral spondylosis without myelopathy. Treatment to date: medication management, radiofrequency lesioning. The UR decision dated 7/2/14 denied the request for Robaxin 500mg #60 with 1 refill, modified the request for Oxycodone 10mg #168 to Oxycodone 10mg #150, and denied the request for Ambien 10mg #30. The Robaxin was denied because muscle relaxants including Robaxin have no evidence-based proven role in the treatment of chronic pain syndrome patients. The patient currently does not have acute myospasm or breakthrough myospasm. Chronic usage increases the propensity for side effects, and the guidelines are not supportive. The Oxycodone 10mg was modified because the patient was taking Oxycodone 10mg, 6 tablets per day and Avinza 120mg

twice a day. The MED (Morphine Equivalent Dose) for this is 330mg. Guidelines recommend an MED of no more than 120mg per day. The patient has a high MED dependency. It is therefore, strongly recommended that the provider should reduce the dependence and the dosage of opioids. Therefore, the request is modified to Oxycodone 10mg, 5 tablets a day, #150, in an effort to taper and wean the medication. The Ambien was denied because guidelines support the use of Ambien for short-term treatment of acute insomnia. Evidence based studies have only shown its efficacy in an acute phase for a period of 7-10 days. Guidelines are not supportive of its use in chronic insomnia. The patient does not have an acute or an acute exacerbation of insomnia. The benefit from Ambien therapy is not indicated in the follow-up reports reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30 for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA Ambien

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, it was noted that the patient has been on Ambien for several months, if not longer. Guidelines state that Ambien is indicated for the short-term (usually 2-6 weeks) treatment of insomnia. While sleeping pills such as Ambien are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. In addition, a UDS on 4/24/14 was noted to be negative for Ambien. Therefore, the request for Ambien 10mg #30 for the low back is not medically necessary.