

<b>Case Number:</b>	CM14-0123543		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 37 year-old male was reportedly injured on 9/25/2006. The mechanism of injury is noted as a piece of wood fell onto his right leg/calf while at work. As a special note, the claimant was involved in a pedestrian versus car injury in May 2007, followed by an MVA in December 2007. The claimant underwent a permanent spinal cord stimulator implantation on 5/2/2011. The most recent progress notes dated 7/23/2014 and 8/6/2014, indicates that there are ongoing complaints of low back and right lower extremity pain. Physical examination demonstrated absence of lordotic curve; reduced lumbar range of motion with flexion 40 degrees and extension 10 degrees; right lower extremity presents with discoloration over lateral aspect; leg is extremely tender to minimum touch and appears cold compared to the contralateral side. No recent diagnostic imaging studies available for review. Diagnosis: CRPS, lumbar sprain/strain, lumbar radiculitis, poor coping with chronic pain and myofascial pain syndrome. Previous treatment includes sympathetic blocks, physical therapy, home exercise program, TENS unit, and medications to include Gabapentin 300 mg, Oxycodone 30 mg, Norco 10/325 mg, Ambien 3 mg, Omeprazole 20 Mg, Zoloft 50 mg, Lidoderm patches and Methoderm. A request had been made for a Detoxification Program, OxyContin 30 mg #90, Ambien 3 mg #30, and Omeprazole 20 mg #60, which was non-certified in the utilization review on 7/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detox program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 102, 124.

**Decision rationale:** MTUS treatment guidelines support detoxification programs as an option for certain patients who have repeated violations of their pain contract, previous history of abuse and/or misuse, or aberrant drug behaviors. The guidelines do not support rapid detoxification and recommend a gradual weaning for long-term opioid users to decrease the risk of withdrawal symptoms. Review of the available medical records, documents chronic back and right leg pain after a work-related injury in 2006; however, there is no recent documentation of failure to a gradual weaning program or high risk aberrant drug behavior. As such, the request for a formal detoxification program not considered medically necessary.

**1 prescription for Oxycontin 30 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Oxycontin (Oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

**Decision rationale:** MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back and right leg pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

**1 prescription for Ambien 3 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): Insomnia treatment: Non-benzodiazepines, Ambien (Zolpidem)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated will Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14)

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this request; therefore Official Disability Guidelines were used. Zolpidem (Ambien) is a prescription short-acting non-

benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

**1 prescription for Omeprazole 20 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk: Proton Pump Inhibitors,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.