

Case Number:	CM14-0124341		
Date Assigned:	09/25/2014	Date of Injury:	10/14/2009
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 10/14/09 date of injury. At the time of the request for authorization, there is documentation of subjective findings consisting of pain in the lower thoracic and lower lumbar areas, occasional radiation of pain down to the right leg and top of the right foot and the right #2-4 toes, numbness in the right leg and dorsum of the right foot. There was also documentation for objective findings including a spasm that was present to his bilateral thoracic paraspinals, circumscribed trigger points with twitch response, decreased flexion with pain, facet loading was positive on the right lower lumbar spine, big toe extension 4/5 strength on the right side. The current diagnoses include postlaminectomy syndrome of the lumbar region, lumbosacral spondylosis without myelopathy, low back pain, and myalgia and myositis. The treatment to date includes medication including Percocet and Ambien for at least 2 years. Regarding Oxycodone-acetaminophen Percocet 10/325, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Percocet use to date. Regarding Zolpidem (Ambien) 10mg oral tab Qty: 20, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-acetaminophen Percocet 10/325 Qty 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome lumbar region, lumbosacral spondylosis without myelopathy, low back pain, and myalgia and myositis, unspecified. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Percocet for at least 2 years, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone-acetaminophen Percocet 10/325 Qty 45 is not medically necessary.

Zolpidem (Ambien) 10mg oral tab Qty: 20: Upheld

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

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

Decision rationale: The MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome lumbar region, lumbosacral spondylosis without myelopathy, low back pain, and myalgia and myositis, unspecified. However, there is no documentation of insomnia. In addition, given documentation

of treatment with Ambien for at least 2 years, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem (Ambien) 10mg oral tab is not medically necessary.