

Case Number:	CM14-0134285		
Date Assigned:	08/25/2014	Date of Injury:	10/18/2002
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old male who reported an injury of unknown mechanism on 10/18/2002. On 05/28/2014, his diagnoses included thoracic or lumbosacral radiculopathy, unspecified myalgia and myositis, low back pain, insomnia, pain disorder related to psychological factors, chronic pain due to trauma, muscle spasms, testicular hypofunction, carrier or suspected carrier of Hepatitis C, lumbosacral spondylosis without myelopathy, depression, sacroiliitis and failed back surgery syndrome of the lumbar spine. His medications included Oxycodone 15 mg, Lyrica 100 mg, Ambien 10 mg, Cymbalta 30 mg, and a topical compounded cream. Regarding his high level of opiate use, the progress note stated that there had been attempts to taper his opioid use below the 250 mEq level per day but had not been successful. He had been taking Exalgo ER and the rationale for the Kadian was that there was no reason to stay on the Exalgo if he must use it 3 times per day. He would be kept on the oxycodone 30 mg and there would be a trial of Kadian to see if it was effective. A request for authorization dated 05/28/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg #60: 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): 74-95.

Decision rationale: The request for Kadian 50 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for the less efficacious drugs. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including psychosocial assessment, side effects, and failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants or collateral contacts. A urine drug screen result showed cannabis use and a progress note stated that this injured worker may have to choose between cannabis and opioids. The clinical information submitted failed to meet the evidenced based guidelines for continued opioid use. Therefore, this request for Kadian 50 mg #60 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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), Pain, Zolpidem (Ambien).

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. Per the Official Disability Guidelines, Ambien is a short acting non-benzodiazepine sedative hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers, 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 be impairing function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The submitted documentation revealed that this injured worker has been taking Ambien since 04/17/2014, which exceeds the recommendations in the guidelines. Additionally, the request did not include the frequency of administration. Therefore, this request for Ambien 10 mg #30 is not medically necessary.