

Case Number:	CM14-0153386		
Date Assigned:	09/23/2014	Date of Injury:	09/20/2004
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 39 year old male with complaints of low back pain. The date of injury is 9/20/04 and the mechanism of injury is lifting injury while he was carrying heavy wet grout which led to his current symptoms. At the time of request for the following: 1. Oxycontin 20mg #60 2. Norco 10/325 #180 3. Ambien 10mg #15, there is subjective (low back pain, right leg pain) and objective (antalgic gait, restricted range of motion lumbar spine, tenderness to palpation and tight band paravertebral musculature lumbar spine, straight leg raise positive right side, sensory exam decreased right lower extremity lateral calf/foot) findings, imaging findings (6/5/12 MRI lumbar spine shows L5-S1 disc extrusion with facet changes, right L5 neural foraminal stenosis, disc bulging L3/4, L4/5), diagnoses (lumbar degenerative disc disease, lumbar radiculopathy, low back pain, lumbar facet syndrome), and treatment to date (medications, Transforaminal epidural steroid injection, lumbar discogram). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Zolpidem is recommended only for short term treatment of insomnia (usually 2 to 6 weeks). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. The last progress note dated 8/13/14 shows a scheduled regimen of oxycontin 20mg two times daily without adverse effects and good analgesic effect/functional improvement. As the medical records provided do support/supply this information, it is my opinion that the request for Oxycontin 20mg tablet #60 is medically necessary.

Norco 10/325 mg, 180 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. The last progress note dated 8/13/14 shows a scheduled regimen of Norco 10/325 prn breakthrough pain maximum 6/day without adverse effects and good analgesic effect/functional improvement. As the medical records provided do support/supply this information, it is my opinion that the request for Norco 10/325 #180 is medically necessary.

Ambien 10 mg, fifteen count: 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), Zolpidem (Ambien) Section

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

Decision rationale: Per ODG Evidence Based Decision Guidelines, zolpidem is recommended only for short term treatment of insomnia (usually 2 to 6 weeks). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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. Therefore, this medication is not medically necessary.