

Case Number:	CM14-0161954		
Date Assigned:	10/07/2014	Date of Injury:	06/09/2005
Decision Date:	11/13/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational 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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of June 9, 2005. Thus far, the injured worker has been treated with the following: Analgesic medications; anxiolytic medications; sleep aid; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 17, 2014, the claims administrator denied the request for Alprazolam, Oxycodone, Ambien, and an MRI of the lumbar spine. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines in its decision to deny the lumbar MRI, along with non-MTUS Official Disability Guidelines (ODG) for the same. The injured worker's attorney subsequently appealed. In a July 1, 2014 progress note, the injured worker was given refills of Alprazolam, Oxycodone, and Zolpidem, without any explicit discussion of medication efficacy. In a May 7, 2014 progress note, the injured worker reported persistent complaints of low back pain radiating into the legs, 4/10. The injured worker stated that the impact of his pain on activities of daily living was reportedly severe. It was stated that the injured worker needed assistance in terms of activities of daily living as basic as bathing, dressing, grooming, child care, and household chores. The injured worker was using Oxycodone, Zolpidem, and Ambien, it was acknowledged. It was acknowledged that the injured worker had issues with opioid-induced dependence. The injured worker had formerly made 90,000 dollars annually and was now only deriving an income of 36,000 a year through indemnity benefits from the Workers' Compensation system. Multiple medications were renewed. MRI imaging of the lumbar spine was sought to "determine the anatomy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg tablet, take 2 tablets 5 times a day for pain #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. However, in this case the injured worker is off of work. The injured worker is receiving indemnity benefits through the Workers' Compensation system. The attending provider has failed to recount any quantifiable decrements in pain or meaningful improvements in function achieved as result of ongoing Oxycodone usage. Therefore, the request is not medically necessary.

Alprazolam 0.5mg tablet, take 1 tablet twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Alprazolam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, the information on file suggests that the injured worker is using Alprazolam for chronic, long-term, and scheduled use purposes, for antidepressant effect and anxiolytic effect. The injured worker had been Alprazolam for what appears to be a minimum of several months. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

Zoldipem Tartrate 12.5mg tablets, take 1 at bedtime #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), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ambien Label - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe...

Decision rationale: While the MTUS does not specifically address the topic of Zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purpose has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), notes that Ambien is indicated to be used in the short-term treatment of insomnia for up to 35 days. In this case, however, it appears that the attending provider and/or injured worker are intent on using Zolpidem for chronic, long-term, and scheduled use purposes. The injured worker has been using Zolpidem for what appears to be a minimum of several months. This is not an FDA-endorsed role for the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, however, the requesting provider indicated that he was pursuing the proposed MRI imaging for academic purposes to delineate the injured worker's anatomy involving the lumbar spine. There was no mention that the injured worker was actively considering or contemplating any kind of surgical intervention here. Therefore, the request is not medically necessary.