

Case Number:	CM14-0096765		
Date Assigned:	09/15/2014	Date of Injury:	11/17/1997
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic low back pain, bilateral hand pain, knee pain, and shoulder pain reportedly associated with an industrial injury of November 17, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aids; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 29, 2014, the claims administrator failed to approve a request for Dilaudid, Ambien, and Soma. The applicant's attorney subsequently appealed. In a May 9, 2014 progress note, the applicant was given a diagnosis of chronic pain syndrome status post multiple surgeries. The applicant was given prescriptions for Hydromorphone, Ambien, and Soma. There was no explicit discussion of medication efficacy. The applicant's pain levels were described as "about the same." The applicant's work status was not provided. In an earlier progress note dated March 7, 2014, the applicant was again described as having persistent multifocal shoulder, neck, and arm complaints status post multiple unspecified surgeries. The applicant was described as using Hydromorphone, Ambien, and Soma on this occasion. The applicant's work status was provided. Once again, there was no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg (unspecified quantity): Upheld

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

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

Decision rationale: The request in question seemingly represents a renewal request. 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 a result of the same. In this case, however, the applicant's work status has not been provided. The attending provider has failed to describe any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Hydromorphone usage. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary.

Ambien 10mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines) Pain Chapter Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien 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 purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. Ambien, per the Food and Drug Administration (FDA) is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the attending provider appears intent on employing Ambien for chronic, long-term, and/or daily use purposes. This is not an FDA-approved role for Ambien. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

Ambien 5mg(unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain Chapter Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien 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 purposes has the 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 in the short-term treatment of insomnia, for up to 35 days. Ambien is not, thus, indicated for the chronic, long-term purposes for which it has seemingly being proposed here. As with the preceding request, the attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.

Soma 350mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic. Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is using Dilaudid, an opioid agent. Adding Carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.