MAXIMUS Federal Services

Case Number:	CM14-0212282		
Date Assigned:	01/02/2015	Date of Injury:	05/15/2000
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 15, 2000.In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for Tylenol No. 4, denied a request for Ambien, and approved a request for Colace. A September 25, 2014 progress note was referenced in the determination.The applicant's attorney subsequently appealed.On said September 25, 2014 progress note, the applicant reported ongoing complaints of low back pain, reportedly severe, scored at 8/10. The claimant stated that his pain was radiating to his legs and making difficult for him to sleep at night. Ultram was discontinued owing to side effects. The applicant was status post earlier lumbar laminectomy, it was noted. The applicant was using a cane to move about. Tylenol No. 4, Ambien, and Colace were prescribed. Ambien was apparently being endorsed for pain-related insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 30/60mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids Page(s): 75.

Decision rationale: The request for Tylenol No. 4, an opioid agent, was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioids such as Tylenol No. 4 are seen as an effective method in controlling pain and are often combined with other analgesics such as acetaminophen or aspirin. Here, the attending provider contented that previous usage of Ultram (Tramadol) had generated incomplete analgesia as of September 25, 2014, the date on which Tylenol No. 4 was endorsed. Introduction of Tylenol No. 4, a more potent opioid, was, thus, indicated on or around the date in question, given the failure of less potent analgesic such as tramadol. Therefore, the request was medically necessary.

Ambien 10mg #30 with 2 refills: 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 (Chronic), Zolpidem (Ambien)

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

Decision rationale: The request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) states Ambien (Zolpidem) is indicated for short-term treatment of insomnia, for up to 35 days. Here, the 30-tablet, two-refill supply of Ambien implies chronic, long-term, and/or nightly usage of Ambien. Such usage, however, is incompatible with the FDA label. The attending provider did not 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 was not medically necessary.