

Case Number:	CM14-0075027		
Date Assigned:	07/16/2014	Date of Injury:	10/01/2005
Decision Date:	05/27/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/22/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old male, who sustained an industrial injury on 10/1/05. The injured worker has complaints of chronic pain in his lumbar spine. The diagnoses have included lumbosacral radiculopathy; lumbar sprain/strain and status post lumbar micro-decompression. Treatment to date has included lumbar epidural injection; OxyContin; Baclofen; Norco; Gabapentin and lumbar micro-decompression. The request was for OxyContin 10mg #30 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, Opioids, When to discontinue Opioids, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8 (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86. Decision based on Non-MTUS Citation OxyContin Prescribing Information.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. Medications include OxyContin and Norco being prescribed at a total MED (morphine equivalent dose). Ambien is being prescribed on a long-term basis. Medications are referenced as decreasing pain by at least 30-40% and allowing for improvement in activities of daily living and household activities. OxyContin is a sustained release formulation and would be used to treat baseline pain. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, dosing of OxyContin is every 12 hours. In this case, the dose requested is not within that recommended and therefore is not medically necessary.

Ambien 10mg #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, Zolpidem (Ambien) Pain, (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. Medications include OxyContin and Norco being prescribed at a total MED (morphine equivalent dose). Ambien is being prescribed on a long-term basis. Medications are referenced as decreasing pain by at least 30-40% and allowing for improvement in activities of daily living and household activities. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Ambien is not medically necessary.