

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0015481 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 04/16/2001 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 04/06/2001. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis, opioid type dependence, and rotator cuff shoulder syndrome. Treatments to date have included physical therapy and medications. No MRI report noted in received medical records. In a progress note dated 12/17/2014, the injured worker presented with complaints of pain in the lower back and left knee. The treating physician reported the injured worker declined refill for Ambien and Klonopin at that time. Utilization Review determination on 01/15/2015 non-certified the request for Ambien 10mg #30 and modified the request for Dilaudid 4mg #120 to Dilaudid 4mg #30 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, pain chapter, Zolpidem

Decision rationale: The patient has persistent complaints of low back pain and knee complaints. The current request is for Ambien 10mg #30. Ambien (Zolpidem) is a sedative, also known as a hypnotic. It is used to treat insomnia. According to ODG guidelines, it is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. 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. In this case, the available medical records for review would indicate the patient has been taking Ambien for at least the last six months and without any documentation of improved functional benefit or improved sleep during this time period. Because the current request exceeds the ODG guidelines, and there has been no documentation of improvement with this medication, the current request is not medically necessary and the recommendation is for denial.

Dilaudid 4mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid), Opioids.

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

Decision rationale: The patient has persistent complaints of low back pain and knee complaints. The current request is for Dilaudid 4mg #120. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of life. The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the 12/17/14 attending physician report (35c) documents increased mobility and function, as well as pain levels dropping from 7/10 to 3/10 when using opioid medication. He also documents that the patient has no side effects or adverse behaviors at this time. The records indicate the patient has been using these medications for at least the past six months. The available medical records appear to support medical necessity in this situation, and as such, my recommendation is for authorization.

