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| Case Number: | CM15-0018019 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 09/25/2009 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/30/2015 |

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

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 55 year old female, who sustained an industrial injury on 9/25/09. She has reported neck and shoulder injuries. The diagnoses have included cervical disc herniation, left shoulder rotator cuff syndrome, chronic cervical strain and anxiety. Treatment to date has included medications, diagnostics, surgery, spinal cord stimulator, injections and physical therapy. Surgery included cervical discectomy and fusion 9/2014. Currently, the injured worker complains of severe and disabling neck pain that radiates to bilateral arms status post anterior cervical discectomy and fusion. She has difficulty with neck movement, tenderness and pain to palpation in her neck and hypersensitivity to touch. She has done some therapy with no improvement. She is taking medications with improvement in pain from 10/10 without medication to 9/10 after taking the medication. The pain is better after rest and medication and worse with activities. Physical exam revealed cervical spine has diffuse tenderness and hypersensitivity in the muscle. She had pain with neck rotation and movement. Surgical incisions were healed. Work status was temporary totally disabled. On 1/2/15 Utilization Review non-certified a request for OxyContin 20mg #60 no refill and Ambien 10mg #30 no refill, noting regarding the OxyContin the injured worker has been utilizing opiate medication on a chronic basis which is not supported by evidenced based guidelines. Regarding Ambien, these medications may be habit forming and may increase pain and depression over the long term. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20mg #60 no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Chapter, Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic neck pain which radiates into the left arm and hand. The current request is for OXYCONTIN 20MG #60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. According to progress report 6/2014, medications have not given her any significant improvement. The patient rated her pain 10/10 and it was noted that medications help to temporally alleviate the pain. There is no discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific or functional improvement, change in ADLs or change in work status to document significant functional improvement with utilizing Norco. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Oxycontin IS NOT medically necessary.

Ambien 10mg #30 no refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter regarding Zolpidem/Ambien

Decision rationale: This patient presents with chronic neck pain which radiates into the left arm and hand. The current request is for AMBIEM 10MG #30 NO REFILL. The ACOEM and MTUS Guidelines do not address Ambien; however, the ODG Guidelines under the mental illness and stress chapter regarding Zolpidem/Ambien states, "Zolpidem, Ambien generic available Ambien CR, is indicated for short-term treatment of insomnia with difficulty of onset (7-10 days)." In this case, review of the medical file indicates the patient has been utilizing

Ambien as early as 9/26/14 and ODG only support short-term use of this medication. The requested Zolpidem IS NOT medically necessary.