

Case Number:	CM15-0118860		
Date Assigned:	07/02/2015	Date of Injury:	04/12/2010
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 injured worker is a 56 year old male, who sustained an industrial injury on 04/12/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbago, lumbar/thoracic radiculitis, and post lumbar laminectomy syndrome. Treatment and diagnostic studies to date has included status post anterior/posterior fusion, medication regimen, aqua therapy, physical therapy, psychiatric therapy, cognitive behavioral therapy, and epidural steroid injection. In a progress note dated 04/29/2015 the treating physician reports complaints of pain to the low back that radiates to the lower extremities. Examination reveals positive straight leg raise, along with symptoms of anxiety, depression, fatigue, and insomnia. The injured worker's current medication regimen included Prilosec DR, Ultracet, Sonata, Klonopin, Anaprox, Celexa, Ultram ER, and Ambien. The injured worker's pain level is rated a 3 out of 10 with use of his medication regimen, but the documentation did not indicate the injured worker's pain level prior to use of his medication regimen to determine the effects of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medications of Ultracet 37.5/325mg with a quantity of 60 and Ambien 10mg with a quantity of 20 noting current use of these medications. The treating physician also noted that Ambien was prescribed as needed with the discontinuation of Sonata noting that this medication is not helping the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultracet is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultracet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 18 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Ultracet 37.5/325mg #60 is not medically necessary.

Ambien 10mg #20: 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, Zolpidem (Ambien); Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. Prior to Ambien being prescribed, the patient was taking Sonata for an extended period of time without noting significant functional improvement with its use. The patient has been taking medication for sleep for longer than the 2-6 week period recommended by the ODG. Ambien 10mg #20 is not medically necessary.