

Case Number:	CM15-0122607		
Date Assigned:	07/06/2015	Date of Injury:	04/22/1986
Decision Date:	09/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Emergency 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 64 year old female, who sustained an industrial injury on April 22, 1986. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of the lumbar region without neurogenic claudication, and long term use of other medications. Treatments and evaluations to date have included MRI, selective nerve root block, physical therapy, and medication. Currently, the injured worker complains of left leg greater than right leg and low back pain. The Treating Physician's report dated May 14, 2015, noted the injured worker with a Brief Pain Inventory (BPI) Severity Score of 7, and a BPI Interference Score of 6. The Physician noted the injured worker had a previous selective nerve root block which was not helpful for her leg or back pain. The injured worker reported an increased weakness to her left lower extremity with walking. The injured worker's current medications were listed as MSER, MSIR, and Zolpidem. Physical examination was noted to show weakness to the left quad 4/5, bilateral dorsiflexor weakness 4/5 secondary to pain. The injured worker was noted to have severe foraminal stenosis of L4-L5 and L5-S1 and chronic pain secondary to work trauma, with improved mood and stable pain control. The treatment plan was noted to include continuation of long acting opioid of MSER for persistent pain secondary to L4- S1 stenosis, use of short acting opioid of MSIR once or twice daily for breakthrough pain, request for authorization for six sessions of physical therapy, and a urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT).

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines notes that drug testing is recommended as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs, and for the occurrence of any potentially aberrant or non-adherent drug related behaviors. The Official Disability Guidelines (ODG) recommends urine drug testing at the onset of treatment, and ongoing monitoring if a patient has evidence of a "high risk" of addiction, has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts, and if dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance and adherence. The frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Injured workers at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Injured workers at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with co-morbid psychiatric pathology. Injured workers at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation provided did not identify the injured worker with any evidence of "high risk" behavior for addiction or use of illegal drugs. The documentation provided did not include any information of previous urine drug screens. Based on the MTUS and Official Disability Guidelines (ODG) and the lack of documentation of "high risk" behavior, change in medications, or previous urine drug screen testing dates and results, the request for a random urine drug screen, QTY: 1.00 is not medically necessary.

MS Contin ER 60mg QTY: 240.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include 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 since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The injured worker was noted to continue with the long acting opioid of Morphine Sulfate Extended Release (MSER) of 60mg one every 12 hours, with documentation of use since 2012. The documentation provided failed to include documentation of objective, measurable improvement in the injured worker's pain, function, or quality of life with use of the MSER. The recommended Morphine dosing is not to exceed 120mg of oral morphine per day and for injured workers using more than one opioid the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker is noted to also be taking a short acting opioid of MSIR of 30mg once or twice a day for breakthrough pain. The cumulative dose of the morphine medications exceeds the 120mg recommendation. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for MS Contin ER 60mg QTY: 240.00.

MS IR 30mg, QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include 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 since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The injured worker was noted to be taking a short acting opioid of Morphine Sulfate IR (MSIR) of 30mg once or twice a day for breakthrough pain. The documentation provided failed to include documentation of objective, measurable improvement in the injured worker's pain, function, or quality of life with use of the MSIR, or the frequency and response of use of the breakthrough pain. The recommended Morphine dosing is not to exceed 120mg of oral morphine per day and for injured workers using more than one opioid the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker is noted to also be taking the long acting opioid of Morphine Sulfate Extended Release (MSER) of 60mg one every 12 hours. The cumulative dose of the morphine medications exceeds the 120mg recommendation. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for MS IR 30mg, QTY: 120.00.

Zolpidem 10mg, QTY: 120.00: Upheld

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

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

Decision rationale: The CA MTUS is silent regarding Ambien. The Official Disability Guidelines (ODG) notes that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Pain specialists rarely, if ever, recommend sleeping pills, so-called minor tranquilizers, and anti-anxiety agents for long-term use, as they may be habit-forming, and may impair function and memory more than opioid pain relievers, and concern that they may increase pain and depression over the long-term. The guidelines note that Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. Ambien has been prescribed for this injured worker since June 2012. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The dose of Ambien (Zolpidem) for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. Based on the Official Disability Guidelines (ODG) guidelines, the documentation provided did not support the medical necessity of the request for Zolpidem 10mg, QTY: 120.00.