

Case Number:	CM15-0127091		
Date Assigned:	07/13/2015	Date of Injury:	06/02/1997
Decision Date:	08/12/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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, 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 55 year old male, who sustained an industrial injury on June 2, 1997, incurring neck, bilateral shoulders and left knee injuries after a heavy piece of metal fell on him. He was diagnosed with cervical disc disease, bilateral carpal tunnel syndrome, right shoulder impingement syndrome, epicondylitis of the right elbow, and wrist tendonitis. He underwent cervical fusion, cervical discectomy, hardware removal, and right shoulder surgery for impingement. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, topical analgesic patches, sleep aides, nerve blocks and work restrictions. Currently, the injured worker complained of back stiffness, and numbness and tingling in his arms, radicular pain and stiffness in the right and left arms, neck pain and headaches. He also noted persistent left knee pain. Activity worsened his symptoms with rest and pain medications relieving the pain. The treatment plan that was requested for authorization included prescriptions for Percocet and Ambien CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 90, as an outpatient for submitted diagnosis Neck Pain, Brachial Neuritis, Chronic Pain, Post Traumatic Headache, Testicular Hypofunction: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested Percocet is medically necessary.

Ambien CR (controlled release) 12.5 mg Qty 30 with 1 refill, as an outpatient for submitted diagnosis Neck Pain, Brachial Neuritis, Chronic Pain, Post Traumatic Headache, Testicular Hypofunction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.