

Case Number:	CM15-0162168		
Date Assigned:	09/22/2015	Date of Injury:	08/31/2002
Decision Date:	12/04/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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, Arizona

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 47 year old male who sustained an industrial injury on 8-31-02. A 6-23-14 lumbar MRI is noted as revealing facet arthropathy L4-S1, 2-3 mm disc bulging encroaching exit zone, causing foraminal narrowing. In a progress report dated 7-28-15, the physician notes current pain is reported at 9 out of 10 and it fluctuates between 7-9 out of 10. Functional status is 2 out of 10 and analgesic effect is 3 out of 10. It is noted that without the analgesic he is "unable to be off bed, has to go to the ER" and with the analgesic "he can be off bed, shower, dress up, walk inside house, does little small chores, drive a short distance." It is noted he complains of progressive gait deterioration due to low back pain and has a poor tolerance-endurance to stand and walk and to repetitive bending and stooping. Objective findings note he has guarded posture, is stiff and rigid in the neck and left shoulder. A posterior neck surgical wound dressing is intact. Spurling's is positive on the left and there is palpable tenderness to the lumbar paraspinal, left piriformis area, and straight leg raise aggravates the left sciatica with a tingling sensation. The treatment plan is for a lumbar surgery consultation, request comprehensive pain program, functional restoration, detox, lumbar brace, TENS unit (transcutaneous electrical nerve stimulation), topical analgesic compound creams, try to wean down Duragesic, Tegaderm patch, Clonidine, Amitiza, and hold Ambien and Intermezzo. Review of signed controlled substance prescription sheet and verified by log online for CURES is noted. On 8-4-15, the requested treatment of Clonidine 0.1 mg #30, Ambien 5mg #30, Intermezzo 3.5mg #30, and Duragesic 12 mcg #10 was denied, weaning recommended, allow 1 time fill for initiation of weaning and Tegaderm patch #10 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1mg #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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Clonidine, Intrathecal. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Clonidine.

Decision rationale: Clonidine is an alpha-blocker used primarily in the treatment of hypertension, but is also used as a pain medication. The CA MTUS discusses Clonidine in the setting of intra-theal delivery and for the treatment of CRPS. The objective outcome of this antihypertensive agent with respect to reducing sympathetic mediated pain levels and improving function is not addressed specifically and as such, this request is not medically necessary.

Ambien 5mg #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), 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) Ambien.

Decision rationale: According to the Official Disability Guidelines (ODG), Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They are not recommended for long-term use. They can be habit-forming and impair function and memory more than opioid pain relievers. The efficacy of this hypnotic agent does not appear significant, and long-term use is not recommended. Abruptly stopping this agent is not recommended and weaning may be recommended but the request for ongoing Ambien use is not appropriate, and therefore not medically necessary.

Intermezzo 3.5mg #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).

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

Decision rationale: Intermezzo is sublingual zolpidem (Ambien). According to the Official Disability Guidelines (ODG), Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They are not recommended for long-term use. They can be habit-forming and impair function and memory more than opioid pain relievers. Efficacy of these hypnotic agents does not appear significant. It is not entirely clear why two separate hypnotics of the same class are being prescribed. Medical necessity cannot be substantiated presently.

Duragesics 12mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Fentanyl or Duragesic Patch, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, the efficacy of this medication does not appear significant and there are notes that report the Physician actively trying to wean off the Duragesic. Ongoing use is not supported, as there is failure to demonstrate significant pain improvements despite the fact this agent has been on board long-term. This request is not medically necessary.

Tegaderm patch #10: 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), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dressings.org.

Decision rationale: Tegaderm is a transparent medical dressing used to protect incisions, wounds, and catheter sites. Per submitted records, the Tegaderm patch was to be used 1:1 ratio over the Duragesic patch. However, given that the request for Duragesic is not certified, the concurrent request for Tegaderm is also not medically necessary.