

Case Number:	CM15-0172695		
Date Assigned:	09/14/2015	Date of Injury:	12/02/1998
Decision Date:	11/17/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

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 54 year old male who sustained an industrial injury on 12-2-1998. A review of the medical records indicates that the injured worker is being treated for other chronic pain, chronic pain syndrome, degenerative lumbosacral intervertebral disc, lumbago, sciatica, and thoracic-lumbosacral neuritis-radiculitis unspecified. Medical records dated 7-29-2015 note lumbar pain. Physical examination noted spine, ribs, and pelvis movement was moderately restricted in all directions. Pain elicited in all directions. Strength of the major groups was 4 out of 5. He had an antalgic gait. Restrictions and limitations remained unchanged. Treatment has included MS Contin and Ambien since at least 7-19-2014. The treatment plan included medications. Utilization review form dated 8-20-2015 modified MS Contin and non-certified Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 60mg #180: Overturned

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, Opioids, dosing, Weaning of Medications.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1998 and continues to be treated for low back pain. When seen in June 2015 medications included MS Contin 120 mg three times per day and immediate release morphine 30 mg three times per day. In July 2015 he was paying for medications out-of-pocket. His GAF was 40. He had an increased risk of suicide related to his medications not be approved. When seen on 07/29/15, he was in no acute distress. There was moderately restricted spinal range of motion with decreased left lower extremity strength and an antalgic gait. Medications were refilled. The total MED (morphine equivalent dose) being prescribed was decreased from 450 to 270 mg per day. The claimant has difficulty sleeping due to pain and anxiety. Xanax was also being prescribed. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed was more than two times that recommended. There are no unique features of this case that would support dosing at this level and weaning of the claimant's medications would be the appropriate treatment. Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. In this case, the requested MS Contin 60 mg #180 in combination with the immediate release morphine being prescribed represents a decrease of 40%. Prescribing was medically necessary with ongoing weaning expected.

Ambien 10mg #15 With 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1998 and continues to be treated for low back pain. When seen in June 2015 medications included MS Contin 120 mg three times per day and immediate release morphine 30 mg three times per day. In July 2015 he was paying for medications out-of-pocket. His GAF was 40. He had an increased risk of suicide related to his medications not be approved. When seen on 07/29/15, he was in no acute distress. There was moderately restricted spinal range of motion with decreased left lower extremity strength and an antalgic gait. Medications were refilled. The total MED (morphine equivalent dose) being prescribed was decreased from 450 to 270 mg per day. The claimant has difficulty sleeping due to pain and anxiety. Xanax is also being prescribed. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed

pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. In this case, Xanax is being prescribed and long-term use may increase anxiety which may be contributing to the claimant's insomnia. The requested Ambien was not medically necessary.