

Case Number:	CM15-0062807		
Date Assigned:	04/08/2015	Date of Injury:	05/01/2002
Decision Date:	05/12/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	04/02/2015

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

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 53 year old male, who sustained an industrial injury on 5/1/2002. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbago, low back pain, hip/pelvic pain, shoulder region disorder, and carpal tunnel syndrome. Treatment to date has included laboratory evaluations, and medications. The request is for Ambien and Methadone. The records indicate he has been prescribed Methadone since at least 2013. He has been prescribed Ambien since at least 8/2014. On 3/11/2015, he complains of pain in the feet, legs, neck, shoulder, and back. He has also complained of carpal tunnel syndrome symptomology. He indicates medications help with the pain. The records indicate he still requires help with activities of daily living. He rates his pain as 8/10 with medications. He also complains of insomnia. The treatment plan included: request for Ambien and Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 30 with three refills: 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 (chronic) Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter on zolpidem.

Decision rationale: The patient presents with back, neck, and hand pain. The physician is requesting AMBIEN 10 MG QUANTITY 30 WITH THREE REFILLS. The RFA dated 02/20/2015 shows a request for Ambien 10 mg tablet, one tablet, PO, QHS, 30 days three refills for a total of 30, start on February 10, 2015 end on June 9, 2015. The patient's date of injury is from 05/01/2002 and he is permanently disabled. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days. The records show that the patient was prescribed Ambien since 2012. In this case, the long-term use of Ambien is not supported by the guidelines. The request IS NOT medically necessary.

Methadone 10mg quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with back, neck, and hand pain. The physician is requesting METHADONE 10 MG QUANTITY 180. The RFA dated 02/20/2015 shows a request for methadone 10 mg tablet, tablets, PO, TID, NTE 6/day 30 days for a total of 180 start on February 10, 2015 end on March 11, 2015. The patient's date of injury is from 05/01/2002 and he is currently permanently disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed methadone on 08/01/2014. The 02/10/2015 progress report shows that the patient's pain level with medication is 6/10. He states that "medications still work. They help reduce pain and increase function." The urine drug screens from 07/01/2014 - 01/13/2015 all show inconsistent results. None of the reports discuss specifics in activities of daily living. No side effects were reported. In this case, the 4As required by the MTUS guidelines have not been properly addressed. The patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.