

Case Number:	CM15-0066017		
Date Assigned:	04/13/2015	Date of Injury:	12/21/2009
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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 61 year old male who sustained an industrial injury on 12/21/08. The diagnoses have included intractable lumbar pain, history of lumbar fusion and lumbar radiculopathy. Treatment to date has included medications, spinal cord stimulator trial, surgery, activity modifications, physical therapy and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included OxyContin, Percocet, Lyrica, Ambien, Prilosec and Docuprene. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of exacerbation of back pain complaints because his medications were not provided to him. He described that low back pain as severe, dull, aching with stiffness and spasm and rated 10/10 on pain scale. He has reported that he has been homebound due to the pain and has difficulty with sleeping. The physical exam revealed tenderness, guarding, spasm and decreased range of motion of the lumbar spine. It was noted by the physician that the injured worker opted to continue his oral medications in place of neuromodulation. The physician requested treatment/ treatments include/ included AMBIEN #30 WITH FIVE REFILLS and DOCUPRENE 100 MG #60 WITH FIVE REFILLS.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN #30 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Drug Formulary, have the following regarding Ambine for insomnia: Zolpidem [Ambien® (generic available), Ambien CR].

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for AMBIEN #30 WITH 5 REFILLS. Per 03/10/15 progress report, the patient is currently taking Oxycontin, Percocet, Lyrica, Ambien, Prilosec and Docuprene. Longstanding insomnia is under control also with Ambien 5mg which is 5 to 10mg which she takes several times a week. Regarding work statue, the treater states that the patient remains on temporary total disability. ODG guidelines, Drug Formulary, have the following regarding Ambine for insomnia: Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. In this case, the patient has been suffering from insomnia for which this medication may be indicated. However, there is no indication that this medication is to be used for a short-term. The review of the reports shows that the patient has been utilizing Ambien since at least 09/16/14. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The request IS NOT medically necessary.

DOCUPRENE 100 MG #60 WITH FIVE REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic medication for constipation Page(s): 76-78.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for DOCUPRENE 100MG #60 WITH 5 REFILLS. Per 03/10/15 progress report, the patient is currently taking Oxycontin, Percocet, Lyrica, Ambien, Prilosec and Docuprene. Constipation is under control with Docuprene. Regarding work statue, the treater states that the patient remains on temporary total disability. MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. In this case, the patient has been utilizing Docuprene since at least 09/16/14 along with opiates such as Oxycontin and Percocet. Given guidelines support for prophylactic use of medication for constipation when opiates are used, the request IS medically necessary.

