

Case Number:	CM15-0076877		
Date Assigned:	04/28/2015	Date of Injury:	02/05/2009
Decision Date:	05/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 02/05/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having unspecified head injury, concussion without coma, dizziness and giddiness, cervicgia, pain in shoulder joint, and unspecified sleep disturbance. Treatment to date has included status post anterior and posterior cervical reconstruction for pseudoarthrosis, status post fusion at cervical four to five and cervical six to seven, and medication regimen. In a progress note dated 04/14/2015 the treating physician reports complaints of pain to the right shoulder and neck with a pain rating of an eight to nine out of ten to the neck and a pain rating of a nine out of ten to the right shoulder. The treating physician requested the medications of Lyrica 50mg with a quantity of 90, Zolpidem 10mg with a quantity of 30, and Oxycodone 5mg with a quantity of 60, but the documentation provided did not indicate the specific reasons for these requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics for over a year. Recent exam notes did not indicate neuropathic symptoms. There is no indication for continued use and the Lyrica is not medically necessary.

Zolpidem 10mg #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), Pain Chapter, and Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation insomnia medications and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for over a year. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem is not medically necessary.

Oxycodone 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months and a urine test in March 2015 did not show Oxycodone. In addition, the pain remained at 8/10. The continued use of Oxycodone is not medically necessary.