

Case Number:	CM15-0095698		
Date Assigned:	05/22/2015	Date of Injury:	12/08/2005
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 67-year-old female who sustained an industrial injury on 12/08/2005. Mechanism of injury was a fall. Diagnoses include knee pain, hand pain, chronic pain and myalgia and myositis. Treatment to date has included diagnostic studies, medications, epidural steroid injections, physical therapy, and left wrist surgery and carpal tunnel release on 01/02/2015. Magnetic Resonance Imaging of the right knee revealed severe patellofemoral arthrosis, no evidence of meniscus tear and mild patellar tendinosis. Medications include Oxycodone 15mg every 12 hours, Oxycodone 10mg every 4 hours as needed, Celebrex 200mg daily, Zolpidem 10 mg at bedtime-as needed, Neurontin 300mg and Robaxin 500mg. A physician progress note dated 04/13/2015 documents the injured worker reports her pain is overall a little worse. She is having more low back and joint pain. Her medications are helpful and her pain is tolerable with her medications. She takes OxyContin for chronic pain and Percocet for breakthrough pain. She tolerates her pain medications well. She takes Ambien as needed for sleep associated with chronic pain. Her medications help with activities of daily living. She describes her pain as aching and stabbing at her shoulders, wrists and knees. Her pain is better with medications, physical therapy and injections. She is due for a lumbar epidural steroid injection with another physician. She rates her pain as 8 out of 10 on the visual Analog Scale without medications and 5 out of 10 with medications. On examination, she has an antalgic gait. She has diffuse tenderness in both shoulders right greater than left. She has limited range of motion due to pain. Hawkins and Neer's signs are positive bilaterally. There is decreased sensation on the second, third and fourth fingers of the right hand. Phalen's and

Tinel's sign are positive bilaterally. On 01/02/2015 OxyContin 15mg every 12 hours was prescribed. Treatment requested is for Ambien 10mg Qty: 30.00, OxyContin 15mg Qty: 60.00, and Percocet 10mg Qty: 120.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15mg Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2005 and continues to be treated for chronic pain. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, there was an antalgic gait. There was diffuse shoulder tenderness with decreased and painful range of motion and positive impingement testing. There was decreased right hand sensation. She had positive Tinel's and Phalen's testing bilaterally. The assessment references Ambien as being taken due to difficulty sleeping when having pain. Medications include OxyContin and Percocet being prescribed and a total MED (morphine equivalent dose) of 105 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a sustained release formulation and would be used to treat baseline pain, which is present in this case. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of OxyContin was medically necessary.

Percocet 10mg Qty: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2005 and continues to be treated for chronic pain. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, there was an antalgic gait. There was diffuse shoulder tenderness with decreased and painful range of motion and positive impingement testing. There was decreased right hand sensation. She had positive Tinel's and Phalen's testing bilaterally. The assessment references Ambien as being taken due to difficulty sleeping when having pain. Medications include OxyContin and Percocet being prescribed and a total MED (morphine equivalent dose) of 105 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are

providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

Ambien 10mg Qty: 30.00: 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) www.odgtreatment.com.

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 sustained a work injury in December 2005 and continues to be treated for chronic pain. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, there was an antalgic gait. There was diffuse shoulder tenderness with decreased and painful range of motion and positive impingement testing. There was decreased right hand sensation. She had positive Tinel's and Phalen's testing bilaterally. The assessment references Ambien as being taken due to difficulty sleeping when having pain. Medications include OxyContin and Percocet being prescribed and a total MED (morphine equivalent dose) of 105 mg per day. 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 although it appears related to her underlying pain condition, which could be treated further. Therefore, the requested Ambien was not medically necessary.