

<b>Case Number:</b>	CM14-0169240		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/08/2000
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 34 year old with an injury date on 11/8/00. Patient complains of low lumbar pain, radiating to the left lower extremity with numbness/tingling, pain rated 2/10 with medications and 9/10 without medications per 9/10/14 report. Patient states no change in symptoms since last visit, and that medications and self-directed aqua and land-based physical therapy have helped pain significantly per 9/10/14 report. Based on the 9/10/14 progress report provided by [REDACTED] the diagnoses are: 1. chronic pain syndrome. 2. lumbar post-laminectomy syndrome. Exam on 9/10/14 showed "L-spine range of motion limited with flexion at 90 degrees, extension normal." Patient's treatment history includes spinal cord stimulator. [REDACTED] is requesting one prescription for oxycontin ER 20mg #60, one prescription for oxycontin ER 10mg #90, one prescription for oxycontin ER 20mg #60, and one prescription for zolpidem ER 6.25mg #30 with three refills. The utilization review determination being challenged is dated 9/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/29/13 to 9/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for OxyContin ER 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78; 88-89.

**Decision rationale:** This patient presents with lower back pain, and left leg pain. The treater has asked for one prescription for oxycontin ER 20mg #60 on 9/10/14. Patient has been taking oxycontin since 1/29/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include oxycontin, stating "Oxycontin...helpful for pain" per 1/29/13 report. But there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication

**One prescription for OxyContin ER 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78; 88-89.

**Decision rationale:** This patient presents with lower back pain, and left leg pain. The treater has asked for one prescription for oxycontin ER 10mg #90 on 9/10/14. Patient has been taking oxycontin since 1/29/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include oxycontin, stating "Oxycontin...helpful for pain" per 1/29/13 report. But there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

**One prescription for OxyContin ER 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78; 88-89.

**Decision rationale:** This patient presents with lower back pain, and left leg pain. The treater has asked for one prescription for oxycontin ER 20mg #60 on 9/10/14. Patient has been taking oxycontin since 1/29/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include oxycontin, stating "Oxycontin...helpful for pain" per 1/29/13 report. But there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

**One prescription for Zolpidem ER 6.25mg #30 with 3 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 (ODG), Pain (acute and chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Chronic Pain, Insomnia Treatment, section on Ambien

**Decision rationale:** This patient presents with lower back pain, and left leg pain. The treater has asked for one prescription for zolpidem ER 6.25mg #30 with three refills on 9/10/14. Patient has been taking Ambien CR since 1/29/13 report. Per ODG guidelines, 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. (Buscemi, 2005) (Ramakrishnan, 2007) (Morin, 2007). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has been taking Ambien CR for 1 year and 7 months, while ODG recommends for 24 weeks maximum. The requested one prescription for zolpidem ER 6.25mg #30 with three refills is not indicated at this time. Recommendation is for denial.