

Case Number:	CM13-0007736		
Date Assigned:	12/11/2013	Date of Injury:	03/06/2002
Decision Date:	03/10/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a 59-year old gentleman with chronic spine pain related to a date of injury of 3/06/02. He was motorcycle officer, who was involved in a motor vehicle accident when he was struck by a cement truck. He has a history significant for lumbar spine discectomy and cervical spine anterior fusion. Submitted medical records go back as far as 2009, and reflect that the patient has been followed by a pain specialist from at least 2009, and possibly longer. In addition to the above surgical procedures, the patient has also had lumbar intradiscal electrothermal therapy, lumbar epidural steroid injections, extensive physical therapy, TENS, chiropractic care, acupuncture and extensive medications. He has been on Norco, Fioricet, and Ambien for years now. It does appear that there is a pain contract documented, continued monitoring via urine drug screening, and reported ability to be able to function with activities of daily living while on meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for 30 Ambien 10mg (7/3/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This is a patient who has now been on Ambien for years. Guidelines only support use of Ambien for short-term treatment of insomnia with difficulty of sleep onset. Short-term is defined as 7-10 days. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Ongoing chronic use does have adverse effects and significant risk, with users having a 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. Chronic use is not standard of care or guideline supported. The request is noncertified.

retrospective request for 60 Fioricet 50/325/40mg (7/3/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Fioricet is a barbiturate containing pain medication. It also has caffeine and acetaminophen. Barbiturates containing analgesics are not guideline recommended for chronic pain. The potential for drug dependence is high and there is no evidence that shows a clinical benefit. Given that the risk for dependency is high, the risk for overuse is high, and the risk of rebound headaches is high, this drug is not supported for chronic use. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. The request is noncertified.

retrospective request for 120 Neurontin 300mg (7/3/13): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: Antiepileptic drugs (AEDs) are guideline supported as first-line treatment for neuropathic pain. This patient has had both cervical and lumbar spine surgery for radicular symptoms and has components of pain that would be considered neuropathic. There is no clear justification to discontinue this medication, as the patient reports that use does reduce the neuropathic symptoms and facilitates more comfortable mobility and sleeping. Medical necessity of Neurontin is established. The request is certified.

retrospective request for 150 Norco 10/325mg (7/3/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Guidelines do not support the chronic use of opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via urine drug screens and a pain contract is in place. There is no clear evidence of efficacy, with use facilitating the ability to stay at work. This patient has now been on opioid pain meds for years. None of the submitted reports reflect intention to wean this medication. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. The request is noncertified.