

Case Number:	CM13-0011693		
Date Assigned:	12/27/2013	Date of Injury:	05/15/1987
Decision Date:	05/28/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/16/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 an employee of [REDACTED] and has filed a claim for postlaminectomy syndrome associated with an industrial injury date of May 15, 1987. Treatment to date has included opioid and non-opioid pain medications, lumbar fusion, physical therapy, epidural steroid injection, facet injection, and home exercise program. Medical records from 2012 through 2013 were reviewed showing the patient complaining of low back pain and left hip pain. The patient is noted to be stable with no new complaints. The patient notes localized tenderness over the left hip. The low back pain has associated bilateral sciatic pain. The patient is a smoker and smokes half a pack per day. On examination, the patient ambulates with a cane. The lumbar spine range of motion was noted to be restricted with pain. There was tenderness over the paravertebral muscles bilaterally. Lower extremity reflexes were equal and symmetric. There was no tenderness over the left trochanter. Motor strength for the lower extremities was relatively good. There was decreased sensation to light touch over the medial thigh and lateral thigh on the left side and decreased pinprick sensation over the medial thigh and lateral thigh on the left side. Utilization review from July 22, 2013 denied the requests for hydrocodone/APAP, zolpidem, morphine sulfate, tizanidine, diazepam, hydromorphone, methadone, omeprazole, and stool softener.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been on opioid medications since 2012. However, recent documentation does not indicate functional gains derived from the use of opioid medications. In addition, the request for hydrocodone/APAP does not specify an amount to be dispensed. The request for hydrocodone/APAP 10/325 MG is not medically necessary or appropriate.

ZOLPIDEM 5MG: 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 (ODG) Pain Chapter, Zolpidem.

Decision rationale: The California Medical Treatment Utilization Section (MTUS) does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem was used instead. The ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been using Ambien since January 2013. However, there has been a discussion concerning the patient's sleep hygiene and sleeping habits to warrant the use of a sleeping aid. In addition, long-term use is not recommended. The request also does not specify the amount to be dispensed. The request for Zolpidem 5mg is not medically necessary or appropriate.

MORPHINE SULFATE 50MG ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic

decisions for continuation. In this case, the patient has been on opioid medications since 2012. However, recent documentation does not indicate functional gains derived from the use of opioid medications. In addition, the request for morphine sulfate does not specify an amount to be dispensed. The request for morphine sulfate 50mg ER is not medically necessary or appropriate.

TIZANDINE 4 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 and 66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, tizanidine is FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been using tizanidine since January 2013. As with all muscle relaxants, long-term use is not recommended. There is no discussion concerning the need for variance from the guidelines. The request for Tizanidine 4 mg is not medically necessary or appropriate.

DIAZEPAM 10 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to four weeks. In this case, the patient has been using benzodiazepines since 2012. However, long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. In addition, the request does not indicate a specific number to be dispensed. The request for Diazepam 10 mg is not medically necessary or appropriate.

HYDROMORPHONE 4 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been on opioid medications since 2012. However, recent documentation does not indicate functional gains derived from the use of opioid medications. In addition, the request for hydromorphone does not specify an amount to be dispensed. The request for Hydromorphone 4 mg is not medically necessary or appropriate.

METHADONE 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has been on chronic opioids including methadone since 2012. However, functional gains such as increased ability to perform the activities of daily living were not reported from the use of methadone. In addition, the request for methadone does not specify the amount to be dispensed. The request for Methadone 10 mg is not medically necessary or appropriate.

OMEPRAZOLE 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. In this case, the patient has been using omeprazole since 2012. However, the patient still complains of GI upset even with the use of omeprazole and Zantac. The efficacy of this medication is not optimal. In addition, the request does not specify an amount to be dispensed. The request for Omeprazole 20 mg is not medically necessary or appropriate.

STOOL SOFTENER 240 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid therapy, prophylactic treatment of constipation should be initiated. In this case, the patient has been on chronic opioids since 2012 which includes Kadian, Dilaudid, and Norco. While the patient does indeed have chronic usage of opioids, the request does not indicate an amount to be dispensed. The request for stool softener 240 mg is not medically necessary or appropriate.