

Case Number:	CM13-0015921		
Date Assigned:	10/11/2013	Date of Injury:	11/17/1997
Decision Date:	11/03/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 55 year old male who was injured on 11/17/1997 with a work related lifting injury. Treatment history included NSAIDS, Opioids, injections, massage therapy, ice, stretching exercises, muscle relaxants, physical therapy and heat. MRI of the lumbar performed 01/2003 revealed degenerative disc disease L3-4 and L4-5; Facet arthropathy at L5-S1 bilaterally without significant encroachment on lateral foramina. Medications included:06/07/2013 nortriptyline; 06/07/2013 prazosin; 06/07/2013 simvastatin; 06/07/2013 famotidine; 06/07/2013 colchicine; 06/07/2013 Parafon Forte DSC; 06/07/2013 Norco; 06/07/2013 Allopurinol; 06/07/2013 lisinopril; 06/07/2013 fluticasone; 06/07/2013 Qvar; 06/07/2013 Atenolol; 06/07/2013 Depakote; 06/07/2013 nucynta; 06/07/2013 Xanax; 06/07/2013 Norco; 06/07/2013 ketoprofen; 06/07/2013 Flector Patch; 06/07/2013 Celebrex; 06/07/2013 Ambien; 06/07/2013 Mobic 7.5 qd07/11/2013 Allopurinol; 07/11/2013 Norco; 07/11/2013 Parafon Forte DSC; 07/11/2013 colchicine; 07/11/2013 famotidine; 07/11/2013 simvastatin; 07/11/2013 prazosin; 07/11/2013 nortriptyline; 07/11/2013 Ritalin 5 mg tablet 1 tab q 12 hours; 07/11/2013 Xanax 0.5 mg tablet 1 tablet; 07/11/2013 Norco 325/10 mg; 07/11/2013 Celebrex 200 mg capsule 1 cap qd; 07/11/2013 Mobic 7.5 qd; 07/11/2013 Ambien 10 mg tablet 1 tab qhs, brand ONLY; 07/11/2013 nucynta 100 mg tablet 1 bid; 07/11/2013 Depakote; 07/11/2013 Atenolol; 07/11/2013 Qvar; 07/11/2013 fluticasone; 07/11/2013 lisinopril.09/06/2013 Allopurinol; 09/06/2013 Xanax 0.5 mg tablet 1 tablet; Norco 325/10 mg tablet 1 tab every 4 hours prn; 09/06/2013 Celebrex 200 mg capsule 1 cap qd; 09/06/2013 Ambien 10 mg tablet 1 tab qhs, brand ONLY; 09/06/2013 Nucynta 100 mg tablet 1 bid; 09/06/2013 lisinopril; 09/06/2013 fluticasone; 09/06/2013 Qvar; 09/06/2013 atenolol; 09/06/2013 Depakote; 09/06/2013 Mobic 7.5 qd; 09/06/2013 Nortriptyline; 09/06/2013 prazosin; 09/06/2013 simvastatin; 09/06/2013 Famotidine; 09/06/2013 Ritalin 5 mg tablet 1 tab Q 12 hours; 09/06/2013 colchicine; 09/06/2013 Parafon Forte DSC10/30/2013

Norco;10/30/2013 Parafon Forte DSC;10/30/2013 Colchicine;10/30/2013 Famotidine; 10/30/2013 Simvastatin;10/30/2013 Prazosin;10/30/2013 Nortriptyline;10/30/2013 Mobic 75 QD;10/30/2013 Depakote; 10/30/2013 Atenolol; 10/30/2013 Qvar;10/30/2013 Fluticasone;10/30/2013 Lisinopril;10/30/2013 Ritalin 5 mg tablet;10/30/2013 Xanax 1 mg tablet; 10/30/2013 Allupurinol;10/30/2013 Norco 325 mg; 10/30/2013 Celebrex 200 mg capsule 1 cap; 10/30/2013 Ambien 10 mg tablet 1 tab;10/30/2013 Nucynta 100 mg tablet 1 bid Follow up note dated 06/07/2013 noted the patient stated he had begun to wean himself off the medications. He stated that his pain had since increased. Additionally he stated he had no energy to do anything. The patient reported continued numbness and tingling going down bilateral legs. He stated he was controlling his medication intake successfully. His pain was located in his low back. The pain was described at multiple qualities rating severity at 2-6/10. He had normal gait. His spine had ROM 15 degrees extension with moderate pain, flexion WNL with moderate pain, left and right twisting severe pain, but otherwise WNL. Follow up note dated 07/11/2013 documented the patient returned for medication refill and follow up. The patient continued to have low back pain without any new symptoms. The patient noticed improvement in mood and he reported increased activity levels with Ritalin. He was stable on the medications. Pain was located in his low back. The pain was described as multiple qualities with a severity rating of 2-6/10. The timing of the pain was constant and fluctuated in intensity. Follow up note dated 09/06/2013 documented the patient with complaints of continued low back pain without any new symptoms. He also had numbness to his right greater than left lower extremity. Pain was located in low back. Pain was described as multiple qualities with severity rated at 2-6/10. Objective findings on exam revealed normal gait. His spine range of motion was at 15 degrees extension with moderate pain, flexion WNL with moderate pain, left and right twisting severe pain, but otherwise WNL. The patient had spine tenderness to palpation of lumbar paraspinal muscles. He had normal strength 5/5 bilaterally. Follow up note dated 10/30/2013 documented the patient to have no change in his symptoms. The pain was located in the low back. Pain was described as multiple qualities with a severity of 2-5/10. The timing was constant and fluctuated in intensity. The patient had numbness and paresthesias posterior bilateral legs into feet, bilateral with lower extremity weakness. Objective findings noted gait normal. Spine with ROM of 15 degrees in extension with moderate pain, flexion WNL with moderate pain, left and right twisting severe pain, but otherwise WNL; tenderness to palpation of lumbar paraspinal muscles, right side only with moderate paravertebral spasms noted bilaterally; Normal strength 5/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10MG #20, 1 tablet by mouth at bedtime for 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Zolpidem

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, the Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. Zolpidem is not recommended for long-term use, but recommended for short-term use. In this case, this patient is having chronic lower back

pain associated with numbness and tingling down his both legs. He has interrupted sleep due to pain. He has been taking this medication chronically and guidelines do not recommend long-term use of this medication. In this case, Ambien needs to be tapered and not continued based upon the guidelines. Therefore, the request for Ambien is not medically necessary.

Norco 10/325 MG #170, 1 tablet by mouth every 4 hrs as needed for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, CRITERIA FOR USE OF OPIOIDS Page(s): 76-92.

Decision rationale: Norco is a combination of hydrocodone with acetaminophen. As per CA MTUS guidelines, it is indicated for moderate to moderately severe pain. Further guidelines indicate, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of potentially aberrant (or nonadherent) drug-related behaviors. This patient has persistent lower back pain radiating to lower extremities associated with numbness and paresthesias down both legs/feet. He continues to have muscle spasms, tenderness, and decreased ROM. He was diagnosed with degenerative disc disease and spondylosis, and there is no evidence of objective functional improvement or reduction in pain level with the use of this medication. Therefore, the request is not medically necessary.

Xanax 0.5 MG #60, 1 tablet by mouth twice a day for 30 days: Upheld

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, 9792.24.2.

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24.

The Expert Reviewer's decision rationale:

As per CA MTUS guidelines, Xanax is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient has been prescribed this medication for longer than guidelines recommended limit and hence the request is not medically necessary.

Ritalin 5MG #60, 1 tablet by mouth every 12 hrs for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Weaning, Stimulants Other Medical Treatment Guideline or Medical Evidence: FDA Medication Guide, (<http://www.fda.gov/downloads/Drugs/DrugSafety/ucm089090.pdf>)

Decision rationale: CA MTUS guidelines and ODG do not discuss the issue in dispute and hence other evidence-based guidelines have been consulted. Ritalin is a central nervous system stimulant and is used to treat patients with ADHD and patients with a sleep disorder called narcolepsy. It is not recommended for chronic back pain. The ODG states Ritalin requires gradual weaning, recommended over two to four weeks as abrupt discontinuation can unmask severe depression and precipitate withdrawal. Therefore, the request is not medically necessary.

Lumbar Orthosis:

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: According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar support is not recommended under the guidelines. The use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request for purchase of a low back brace is not medically necessary.

