

Case Number:	CM13-0033107		
Date Assigned:	12/06/2013	Date of Injury:	08/02/2009
Decision Date:	05/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/09/2013

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 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:

This is a patient with a date of injury of 8/2/09. A utilization review determination dated 9/20/13 recommends non-certification of Prilosec. The additional medications were modified either for tapering or because a specific duration or number of doses was not specified. 9/9/13 medical report identifies continued improvement in functionality as a result of the very significant analgesic benefit obtained from the SCS in conjunction with her medication regimen. She has been able to resume many activities that were previously impossible. She is regularly swimming, jogging, attending karate classes, and playing pat-ball. She has lost weight and clothes are fitting better. On exam, right ankle ROM is definitely better than it was several months ago. The dysesthesias in the distal RLE have decreased substantially. Treatment plan included MS Contin 15 mg 1 bid #60, Valium 10 mg 1 daily as needed #15, Ambien 12.5 mg 1 in the evening as needed #20, gabapentin 600 mg #90 2 bottles, cyclobenzaprine 7.5 mg #60 1 bid prn, Norco 10/325 #90 1 q 8-12 hours prn, and Prilosec 20 mg capsules #60 1 bid prn. She also noted that, because of her activity, she seems to be needing less Ambien and Valium over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for MS Contin, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, the provider notes that the patient has enjoyed significantly increased functionality from the spinal cord stimulator and the current medication regimen. However, there is no recent documentation of testing to identify compliance and discussion regarding any aberrant use. Additionally, the request as cited does not identify the duration of treatment specified in the medical report and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested MS Contin is not medically necessary.

VALIUM 20MG: 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: The Expert Reviewer's decision rationale: Regarding the request for Valium, CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use and that most guidelines limit their use to 4 weeks. Within the documentation available for review, there is no indication that the Valium is being prescribed for short-term use, as recommended by guidelines. In light of the above, the currently requested Valium is not medically necessary.

AMBIEN 12.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) CHRONIC PAIN CHAPTER, ZOLPIDEM (AMBIEN)

Decision rationale: The Expert Reviewer's decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication despite the

recommendations of ODG against long-term use. In the absence of such documentation, the currently requested Ambien is not medically necessary.

GABAPENTIN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for gabapentin, CA MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), but there is clear documentation of increased function provided by the spinal cord stimulator and medications. However, the request as cited does not identify the duration of treatment specified in the medical report and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested gabapentin is not medically necessary.

CYCLOBENZAPRINE 7.5MG: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Regarding the request for cyclobenzaprine, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

NORCO 10/325 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): 76-79.

Decision rationale: Regarding the request for Norco, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, the provider notes that the patient has enjoyed significantly increased functionality from the spinal cord stimulator and the current medication regimen. However, there is no recent documentation of testing to identify compliance and discussion regarding any aberrant use. Additionally, the request as cited does not identify the duration of treatment specified in the medical report and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested Norco is not medically necessary.

PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Expert Reviewer's decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.