

Case Number:	CM13-0050567		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2000
Decision Date:	03/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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 63 year old male with a stated date of injury of 12/27/2000. The mechanism of injury was noted to be work-related injury due to lifting boxes on 12/27/2000. The patient's surgical history includes right shoulder arthroscopy in 2003 and left shoulder surgery, open in 2007. Diagnostic studies include MRI of the lumbar spine 12/19/2001, unofficial. The impression was degenerative disc disease of the lumbar spine, particularly at the L4-5 level. An MRI of the right shoulder was performed on 02/02/2003 that was an official report, negative for rotator cuff tear or tendinosis with moderate AC degenerative spurring, which encroached into the subacromial space and mildly impinged in the supraspinatus. X-ray right shoulder 05/29/2003, unofficial documented post-operative changes. MRI of the lumbar spine was performed on 07/01/2005. Unofficial report notes right lateral disc bulge at LS-SI with annular fissure and questionable effect on the right S1 nerve root, right side foramina) narrowing, and small left lateral annular fissure at L4-5 without stenosis or narrowing. X-ray of the left shoulder performed on 12/04/2006. MRI of the lumbar spine performed on 06/12/2007, unofficial report noted mild degenerative bone and disc changes in the lower lumbar spine. The patient's current medications are Kadian 50 mg XR 24 hour cap twice a day, Norco 10/325 one and a half twice a day for breakthrough pain, Ambien 10 mg tabs at bedtime, Xanax one 3 times a day, Cymbalta 60 mg daily, Protonix 40 mg daily, and other medications related to medical conditions. Other therapies noted in the records received for review include physical therapy started in 2001, unknown length of treatment or duration, as there are no current physical therapy notes. Epidural steroid injections were performed on 10/22/2005, unknown date subsequent to 10/22/2005, 12115/2005, 1212312005, 0912006, 11/2006, 07/0612007, 1210312009, 10/05/2011, 08129/2012, and 0212712013. The patient was evaluated on 12/04/2012 where he reported that the lumbar

epidural steroid injection performed in 08/2012 reduced his pain, increased his function of activities of daily living 90% while reducing his breakthrough medication use 100% for 3 months. On 04/24/2013 the patient was evaluated and noted that he had pain level of 2/10 with the use of Kadian and Norco in conjunction with the epidural steroid injection, he reported a 10% to 30% decrease in his pain with use of Norco. The patient reported 80% decrease in his pain with lumbar epidural steroid injection performed on 02/27/2013 and continues to have good benefit with it. He reported a pain level of 1/10 today with the Kadian only. He had been able to lower his Norco usage from 5 to 6 a day to 1 to 3 a day and he had the ability to be more active with activities such as woodcutting, mowing, yard work, and brush clearing. He normally gets 4-5 months relief/improvement from injections. The most recent evaluation from 10/1/13 indicates ongoing pain without significant functional gain noted and with request for refill of medication. The patient is requesting an increase in medication stating pain is worsening. The patient is on long-term opiate therapy stated to have no evidence of over medication, sedation or withdrawal. The provider indicates that after epidural steroid injection the patient has been able to wean completely off Norco. The provider is requesting urine drug screen and repeat ESI in addition to chronic medications. Norco is stated to reduce pain by approximately 30%. The patient reports a decrease in pain to a 2/10 for the past four years with Kadian without side effects. The patient is not stated to be working currently but has increased activity with pain medication. The provider notes that the patient is requiring increased doses of medication due to pain that has increased with deer hunting. Additionally, a urine drug screen test is requested though prior urine drug screening results as well as evidence of an up-to-date

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Norco (Hydrocodone-Acetaminophen) 10-325 mg between 11/01/2013 and 12/16/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (updated 11/14/13)-Opioids for chronic pain

Decision rationale: With respect to 90 tablets of Norco (Hydrocodone-Acetaminophen) 10-325 mg between 11/01/2013 and 12/16/2013, the guide lines does not support the long term use of this medication . The patient is noted to have chronic neck and low back pain status post injury on 12/27/2000. The most recent evaluation from 10/1/13 indicates ongoing pain without significant functional improvement. Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation

with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Norco (Hydrocodone-Acetaminophen) 10-325 mg between 11/01/2013 and 12/16/2013 is not medically necessary.

30 tablets of Ambien (Zolpidem Tartrate) 10 mg between 11/01/2013 and 12/16/2013:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2013)-Zolpidem (Ambien®).

Decision rationale: With respect to prescription of Zolpidem Tab 10 Mg, 30 day supply, Qty 30, the guidelines does not support it. CA-MTUS is mute about this medication, but according to Medline Plus, If Zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication.ODG recommended that cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan and should be considered in conjunction with a short course of Zolpidem. In this case, he patient continues to have chronic insomnia despite some relief with Ambien. There is no significant functional gain demonstrated to substantiate ongoing Ambien therapy. Therefore the request for 30 tablets of Ambien (Zolpidem Tartrate) 10 mg between 11/01/2013 and 12/16/2013 is not medically necessary.