

Case Number:	CM13-0051455		
Date Assigned:	06/09/2014	Date of Injury:	08/01/2001
Decision Date:	08/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 53-year-old man who sustained a work related injury on August 1, 2001. Subsequently he developed back pain. According to the progress report dated on April 8, 2014, the patient has been describing his back pain as burning, dull, sharp, and pulling. His neurological examination revealed bilateral patellar reflex and bilateral Achilles reflex of 2/4. S1 dermatome and L5 dermatome examination demonstrated normal light touch sensation bilaterally. Neck was supple and trachea was midline without palpable adenopathy or crepitation. Lumbosacral exam revealed positive FABER maneuver bilateral, positive Gainslen's maneuver bilateral, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilateral, and pain with rotational extension indicative of facet capsular tears bilaterally. The patient was diagnosed with lumbalgia with two-level positive discogram; depression and anxiety disorder; possibility of sacral injury; and recent acute exacerbation of chronic spinal pain. Benefit was shown with physical therapy with advancement toward a home exercise program. He had periods of withdrawal of medications due to delay in authorizations. He was status post dorsal rami diagnostic blocks and radiofrequency neurotomy of the lumbar spine per history. Urine drug screen dated September 17, 2013 was positive for reported medications Diazepam, Kadian, and Norco. His medications included: Cymbalta, Diazepam, Ambien, Kadian, Tizanidine, and Wellbutrin. The provider requested authorization to use Ambien, Kadian, Norco, and diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 6.25 MG 1 TABLET BY MOUTH AT BEDTIME #30: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: Ambien is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Ambien could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its need. There is no recent documentation that the patient is suffering from insomnia. There is no clear justification for a continuous use of Ambien which was prescribed at least since 2013. Therefore, the prescription of Ambien is not medically necessary.

KADIAN 10 MG, 3 CAPSULES BY MOUTH TWICE PER DAY #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79..

Decision rationale: Kadian is a brand of morphine sulfate. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 any potentially aberrant (or

non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Despite the continuous use of Kadian, there is no documentation of functional improvement and reduction in pain. There is no objective documentation of pain severity level to justify the use of Kadian in this patient. Kadian was used since at least 2013 without clear documentation of continuous efficacy. Therefore, the prescription of KADIAN 10 mg #180 is not medically necessary at this time.

NORCO 10/325 MG, 1 TABLET BY MOUTH EVERY THREE HOURS, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. Norco was used since at least 2013 without clear evidence of efficacy. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription Norco 10/325 mg #240 is not medically necessary.

DIAZEPAM 5 MG, 4 TABLETS BY MOUTH TWICE PER DAY, #120: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. In addition, there is no recent documentation of insomnia related to pain. There is no clear justification of continuous use of Diazepam which was prescribed since 2013. Therefore the use of Diazepam 5 mg #120 is not medically necessary.