

Case Number:	CM13-0052119		
Date Assigned:	01/15/2014	Date of Injury:	07/19/1993
Decision Date:	06/13/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational 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:

This is a 67-year-old female who has reported low back pain after an injury on 7/19/93. The diagnoses have included low back pain and lumbar degenerative disk disease. She has been treated for many other non-industrial conditions, including chronic painful conditions of areas other than the low back. Industrial treatment has included a remote lumbar surgery. She has been prescribed chronic medications. Medical reports during April and May, 2013 show chronic use of naproxen for pain, with resulting gastrointestinal symptoms relieved with omeprazole. Ambien is used nightly to help insomnia caused by pain. Baclofen is used episodically for spasms with activity. Hydrocodone is taken daily for pain. Duloxetine is for pain. On 11/7/13, Utilization Review non-certified Duloxetine, hydrocodone-APAP, baclofen, and omeprazole. A modified certification was issued for Ambien. The decisions were supported by citations from the MTUS and the Official Disability Guidelines. These medications were prescribed on 10/31/13. Prior Utilization Review had non-certified Ambien and partially certified hydrocodone, omeprazole, Duloxetine, and baclofen; noting the need for documentation of specific results of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

USAGE OF AMBIEN: 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-TWC), PAIN PROCEDURE SUMMARY (LAST UPDATED 10/14/13), 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) Pain chapter, Insomnia.

Decision rationale: The MTUS does not provide direction for the use of hypnotics. The Official Disability Guidelines (ODG) recommends the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. This injured worker has been prescribed this hypnotic for more than two months. The request to Independent Medical Review is for an unspecified quantity and duration. The prescriptions for muscle relaxants, per ODG, should be for short term use only. There is no documentation of an adequate evaluation of the sleep disorder. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder. As such, the request for Ambien is not certified.

USAGE OF DULOXETINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Duloxetine, Section Medications for chronic pain; Antidepressants for chronic pain Page(s).

Decision rationale: There is no clear indication for Duloxetine in this case, as there is no evidence for neuropathic pain. Duloxetine was previously certified conditionally, with additional documentation requested regarding specific results of use. The available records do not contain information about specific benefits, including increased function. The MTUS recommends that when antidepressants are used for chronic pain, that the treating physician provide a careful assessment of pain outcomes, function, changes in other medications, sleep quality, and psychological status. This kind of outcome information was not discussed or presented. The request to Independent Medical Review is for an unspecified quantity and duration of Duloxetine. The prescriptions for medications, per the MTUS guidelines, should be for defined time periods with regular re-assessments. Continued use of Duloxetine is not medically necessary based on the MTUS recommendations. There is no good evidence of efficacy in the medical records, and no clear indication based on the lack of neuropathic pain. The prescription is open-ended and potentially for an unlimited duration and quantity. As such, the request is not certified.

USAGE OF HYDROCODONE/ACETAMINOPHEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Hydrocodone/Acetaminophen, Section Opioid management, Section Opioids, steps to avoid misuse/addiction, pg. 94, and Section Opioids for Chronic back pain, pg. 80.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic back pain. Aberrant use of opioids is common in this population. The opioids appear to be prescribed based on patient request rather than on the basis of an opioid treatment plan according to guideline recommendations, including specific expectations and goals for functional improvement. Multiple psychoactive medications are being prescribed for an elderly patient, which places the patient at significant risk for falls and other complications. The request to Independent Medical Review is for an unspecified quantity and duration of hydrocodone. The prescriptions for opioids, per the MTUS guidelines, should be for a defined time period only, with regular re-assessments. The ongoing use of opioids is not medically necessary based on lack of a treatment plan consistent with the MTUS recommendations. As such, the request is not certified.

USAGE OF BACLOFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants, Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The request to Independent Medical Review is for an unspecified quantity and duration of baclofen. The prescriptions for muscle relaxants, per the MTUS guidelines, should be for short term use only. Baclofen is not medically necessary based on lack of a specific prescription, lack of evidence for short term use, and the MTUS recommendations. As such, the request is not certified.

USAGE OF OMEPRAZOLE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The treating physician has documented specific gastrointestinal side effects while using naproxen. Per the MTUS guidelines, a drug like omeprazole is indicated for patients with non-steroidal anti-inflammatory drug (NSAID) side effects as well as for patients who are more than 65-years-old. The omeprazole is medically necessary based on the documented gastrointestinal symptoms and the MTUS recommendations. The Utilization Review decision is overturned based on the clinical information showing specific medical necessity. Therefore, the request is certified.