

<b>Case Number:</b>	CM14-0000371		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 & Rehabilitation, 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 40 year old male who was injured on 09/29/2003. The patient was lifting a broken piece of concrete to put into a bucket. As he did this with this weight and twisting, he had sudden onset of low back pain radiating into his legs bilaterally. On 12/06/2013, medications include MS Contin ER 30 mg 1 q 12 hour #60, Norco 10/325 mg 1-2 q 6 hr prn #120, Ibuprofen 600 mg 1 tid #90, Neurontin 300 mg 2 tid #90, Ambien 10 mg1 qhs #30, and Fiber. A PR2 dated 12/06/2013 documented the patient to have complaints of lower back pain that is a constant dull ache, sharp pain with some turning, which averages 4/10 with pain meds and 6/10 without. Laying down helps pain, bending over makes it worse for 2-5 minutes. He had no sleeping difficulty since taking Ambien; no constipation since taking fiber. He tolerates medications well. Objective examination revealed tenderness of the LS spine. Neurological exam revealed normal reflexes, good range of motion and pain on lower back and buttocks with straight-leg-raising past 60 degrees. It was suggested that he continue with these medications until 04/01/2014 when they will be re-evaluated. The patient was diagnosed with herniated disks L3-4, 4-5, lumbago, and chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF MS CONTIN ER 30MG #60 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-93.

**Decision rationale:** As per the MTUS Chronic Pain Guidelines, MS Contin is recommended for patients with chronic pain who are in need of continuous treatment. 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 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)." In this case, medical records provided for review indicate that this patient has chronic lower back pain and has been prescribed MS Contin chronically. There is subjective documentation that this patient's pain level with medications is 3-4 and without medications is around 6-7 with subjective reports of functional improvement. However, the MTUS Chronic Pain Guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction, or poor pain control. There is no documentation submitted that there is ongoing monitoring of the use of opioids with urine drug screening done. Thus, the request is not medically necessary and appropriate.

**ONE PRESCRIPTION OF NORCO 10/325MG #120 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-93.

**Decision rationale:** As per the MTUS Chronic Pain Guidelines, Norco is recommended for moderate to moderately severe pain. 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 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)." In this case, records review indicates that this patient has chronic lower back pain and has been prescribed Norco chronically. There is subjective documentation that this patient's pain level with medications is 3-4 and without medications is around 6-7 with subjective reports of functional improvement. However, the MTUS Chronic Pain Guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that there is ongoing monitoring of the use of opioids with urine drug screening done. Thus, the request is not medically necessary and appropriate.

**ONE PRESCRIPTION OF IBUPROFEN 600MG #90 WITH 5 REFILLS:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that NSAIDs for back pain are recommended as an option for short-term symptomatic relief. The earliest documentation available on 5/23/2013 demonstrates the patient is to continue Ibuprofen 600 m. Long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). This patient has chronic use of this medication and there is no evidence of long-term effectiveness for pain or function. Therefore, the request for Ibuprofen 600 mg TID with five (5) refills is not medically necessary and appropriate.

**ONE PRESCRIPTION OF NEURONTIN 300MG #90 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** The MTUS Chronic Pain Guidelines state Gabapentin (Neurontin®) is recommended for neuropathic pain and has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia. According to the documentation provided for review, the patient has not been diagnosed with diabetic neuropathy or post-herpetic neuralgia. According to the records available for review, there is no evidence of functional improvement with regards to the VAS and reduction in use of narcotic medications. Therefore, the request for Neurontin 300mg #90 with five (5) refills is not medically necessary and appropriate.

**ONE PRESCRIPTION OF AMBIEN 10MG #30 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

**Decision rationale:** As per ODG guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. The medical records document the patient has been on Ambien 10 mg 1 qhs since at least 5/23/2013. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that Ambien may increase pain and depression over the long-term. Therefore, the request for Ambien 10 mg with five (5) refills is not medically necessary.

**UNKNOWN PRESCRIPTION OF FIBER WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid-induced constipation treatment

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend prophylactic treatment of constipation should be initiated while patients on opioids. The medical records document the patient has been on fiber to address this issue. However, since the associated request for opioids medications have been determined to be not medically necessary, the request for a prescription of fiber with five (5) refills is not medically appropriate and necessary.