MAXIMUS Federal Services

Case Number:	CM14-0001769		
Date Assigned:	01/22/2014	Date of Injury:	05/31/2012
Decision Date:	06/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 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:

The claimant was injured when he fell on 05/31/12. He injured his low back. He has been seeing [redacted] and has been given multiple medications including Norco, Fexmid, Ativan, and Ambien. He saw [redacted] on 10/04/13 and was diagnosed with severe depression and extreme anxiety and sleep problems due to anxiety. He was referred to a psychiatrist and was prescribed acupuncture for anxiety. He has been treated by a chiropractor [redacted] in 2012 and 2013. He had an internal medicine consultation with [redacted] in 2012 and was taking several medications but did not know their names. He had been placed back on restricted work. Neurologic examination was unremarkable. He was diagnosed with an orthopedic low back injury with left leg radiculopathy and a left testicle injury with persistent swelling. He had abdominal pain and was diagnosed with gastritis medicamentosa and had right upper quadrant of unknown cause. He was prescribed Prilosec and was to continue his medications. An epidural steroid injection was pending on 10/24/12. On 11/14/12, his urine drug screen was negative for all medications. Many of the clinical notes do not have dates. On 03/07/13, acetaminophen was detected with no other medications on the urine drug screen. He has reported ongoing low back pain and left knee pain. He saw [redacted] on multiple occasions and many of the notes are undated. He saw [redacted] on 05/07/13. After he fell he had developed low back pain radiating to the left lower extremity and pain in the cervical spine and right shoulder. Two days later he developed pain in his lower abdomen and left testicle. His pain has persisted. He had an MRI of the low back which revealed herniated discs and he stated surgery was recommended and an ESI was recommended but it had not been scheduled. He tried acupuncture and several sessions of aquatic therapy along with chiropractic treatment with no relief. He reported some loss of strength in the right more than left arm and also had frequent occipital headaches. He had occasional pain in the right deltoid area and also had ongoing pain in his low back with

occasional numbness and tingling in the same area as the pain. He reported weakness of the left leg. He still had pain in the left testicle. He was using Norco and omeprazole only. He had good range of motion of the cervical spine with some tenderness and a positive cervical compression test. There were no focal neurologic deficits. He had tenderness of the shoulders with impingement. Range of motion was decreased. His diagnoses included cervical spine sprain with mild discogenic spondylosis, right shoulder strain and impingement, low back pain with right greater than left sciatica and discogenic spondylosis with degenerative facet joint arthrosis at several levels. He also had a left knee contusion and had varicose veins that were also tender. Acupuncture was ordered. On 07/10/13 he saw [redacted] again and had ongoing moderate to severe pain that was worse with movement. He had less pain with treatment in acupuncture. He was prescribed a lower dose of Norco which was being titrated down and also was to continue Prilosec. The medications were continued and he was to continue using the IF unit as of 08/07/13. The same medications were continued on 09/06/13. On 10/08/13, he saw [redacted] again and complained of severe pain as before. His medication use is not described. On 11/06/13, his medications were being prescribed by [redacted]. He saw [redacted] but his medications are not described. A note dated 12/08/13 indicates that he had an ESI about one month before. He was improved for 15 days but his pain had returned. He had an MRI of the cervical spine, also. His right shoulder was still painful. An MRI was ordered. He was prescribed Norco 10, Fexmid, Ativan, and Ambien. ESI and trigger point injections were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-78.

Decision rationale: The MTUS Chronic Pain Guidelines outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In the medical records provided for review, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or local modalities such as ice or heat along with an exercise program. The MTUS Chronic Pain Guidelines further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the MTUS Chronic Pain

Guidelines. The claimant's pattern of use of Norco is unclear other than that he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. The claimant's Norco was being weaned and suddenly the dosage was increased again without an explanation. This medication change has not been addressed clearly by the treating physician. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated. The request is not medically necessary and appropriate.

FEXMID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines states regarding Cyclobenzaprine,"Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better (Browning, 2001). Treatment should be brief." The medical documentation provided does not establish the need for long-term/chronic usage of Fexmid, which the MTUS Chronic Pain Guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and his response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Fexmid is not medically necessary and appropriate.

ATIVAN: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines state regarding Benzodiazepines, "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The ODG state that Ativan is "not recommended." The medical documentation provided does not establish the need for the

use of Ativan. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and his response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Ativan is not medically necessary and appropriate.

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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The history and documentation do not objectively support the request for Ambien. The MTUS Chronic Pain Guidelines do consider sleep hygiene to be important in cases of chronic pain. The ODG states regarding Ambien, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." In this case, the specific indication for Ambien has not been clearly documented. There is no evidence of a history of primary insomnia or any indication that sleep hygiene has been tried and failed. The medical documentation provided does not establish the need for the use of Ambien which ODG guidelines support for a short term when sleep hygiene has been ineffective. Additionally, the medical records submitted do not provide evidence of significant insomnia requiring the use of this type of medication. In this case, the claimant's overall pattern of use of medications, including other first-line drugs such as acetaminophen and his response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Ambien is not medically necessary.