

Case Number:	CM14-0003957		
Date Assigned:	06/13/2014	Date of Injury:	07/01/2011
Decision Date:	10/08/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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 patient is a 54-year-old female who has submitted a claim for herniated cervical disc, and herniated lumbar disc associated with an industrial injury date of July 1, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain and lower back pain that radiates to both of her legs. Examination of the cervical spine revealed decreased ROM, positive Spurling's test, and 2+ tenderness and spasms in the paraspinals, SCM and trapezius muscles. Examination of the lumbar spine revealed decreased ROM, positive SLR bilaterally at 60 degrees, positive Kemp's test and +2 tenderness and spasms in the paraspinals. Treatment to date has included Zolpidem, Tramadol, Norco, Prilosec and Fexmid. Utilization review from January 3, 2014 denied the request for Tramadol 50mg QTY 60, Zolpidem 10mg QTY 30 and Norco 10/325mg QTY 60. The requests for Tramadol and Norco were denied because the documentation provided did not note functional improvement with these medications and there was no established narcotic contract. The request for Zolpidem was denied because it is not recommended for long-term use and the documentation did not show functional improvement with its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking tramadol for pain since at least October 2013. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Tramadol 50mg QTY 60 is not medically necessary.

ZOLPIDEM 10 MG QTY 30: 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) Pain Chapter, Zolpidem

Decision rationale: CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. There is also concern that they may increase pain and depression over the long term. In this case, Zolpidem was being prescribed since at least October 2013. Recent progress notes do not indicate a problem with sleep. There is no clear indication for continued use of Zolpidem. Therefore, the request for Zolpidem 10mg QTY 30 is not medically necessary.

NORCO 10/325 MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least October 2013. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. A recent urine drug screen did not identify the presence of this medication suggesting poor patient compliance. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg QTY 60 is not medically necessary.