

Case Number:	CM14-0106852		
Date Assigned:	08/01/2014	Date of Injury:	05/13/2002
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 43-year-old female with a reported date of injury on 05/13/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include Chronic Postoperative Pain, Post Laminectomy Syndrome to the lumbar spine, Lumbar Radiculitis, Lumbago, Degenerative Intervertebral Disc to lumbar region, Limb Pain in soft tissues, Joint Pain in the pelvic and thigh region, Myalgia, and Insomnia. Her previous treatments were noted to include P-STIM placement and medications. The progress note dated 06/03/2014 revealed the injured worker complained of pain to the left low back and both hips. The injured worker discussed the options of a P-STIM, which she was very interested in having and felt it would be helpful in making her pain more tolerable. The injured worker also reported a new pain in her mid-back that radiated down her left buttock side. The physical examination revealed a flat affect and depression. The physical examination of the lumbar spine revealed tenderness to palpation over the lumbar spine and left hip. The lumbar spine had a decreased range of motion. The physical examination of the bilateral lower extremities revealed exquisite tenderness to palpation throughout the lumbar paraspinals and bilateral sciatic notches and left greater trochanter. The range of motion was within normal limits. The motor strength was noted to be 5/5 throughout and give away weakness with the injured worker unable to fully cooperate with strength testing due to pain. The sensory was intact to light touch and deep tendon reflexes were 2+ and symmetric. There was a negative straight leg raise noted. The Request for Authorization form was not submitted within the medical records. The request was for Ibuprofen 800 mg #90 with 2 refills for inflammation, Lunesta 2mg 2 tablets at bedtime for insomnia #60 with 2 refills, Norco 10/325 mg 1 tablet every

4 hours as needed for pain #180 with 2 refills, and Trazodone 100mg at bedtime for insomnia/depression #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 2 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67..

Decision rationale: The request for Ibuprofen 800 mg #90 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain. The guidelines also state there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be used to treat breakthrough and mixed pain conditions such as Osteoarthritis (and other nociceptive pain) and with neuropathic pain. There is a lack of documentation regarding efficacy of this medication and improved functional status with the utilization of this medication. Initially, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Lunesta 2mg 2 tablets qhs insomnia #60 with 2 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 (Pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Eszopicolone (Lunesta).

Decision rationale: The request for Lunesta 2 mg 2 tablets at bedtime for insomnia #60 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The Official Disability Guidelines do not recommend Lunesta for long term use, but recommended it for short-term use. The guidelines recommend limiting use of hypnotics to 3

weeks maximum in the first 2 months of the injury only and discourage use in the chronic phase. While sleeping pills, so called minor tranquilizers and antianxiety 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. The guidelines recommend a maximum of 3 weeks in the first 2 months of injury and discourage use in the chronic phase of injury. The injured worker has been utilizing this medication for over 6 months and this exceeds guideline recommendations. Additionally, there is a lack of documentation regarding sleep quality, sleep duration, and number of times of awakening with utilization of this medication. Therefore, the request is not medically necessary.

Norco 10/325mg one tablet q4h prn fo pain #180 with 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): page 78.

Decision rationale: The request for Norco 10/325 mg 1 tablet every 4 hours as needed for pain #180 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is lack of evidence of decreased pain on a numerical scale with the use of this medication. There was a lack of improved functional status with regards to activities of daily living with the use of this medication. There is a lack of documentation regarding side effects and the 06/03/2014 progress note indicated a urine drug screen was performed at that time. However, the results were not submitted within the medical records. Therefore, due to a lack of documentation regarding evidence of decreased pain, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opiate medications is not supported by the guidelines. As such, the request is not medically necessary.

Trazodone 100mg qhs for insomia/depression #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone (Desyrel).

Decision rationale: The request for Trazodone 100 mg at bedtime for insomnia/depression #30 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The Official Disability Guidelines recommend Trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The guidelines state there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. There is a lack of documentation regarding subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with Trazodone. Therefore, due to the lack of documentation Trazodone is not medically necessary.