MAXIMUS Federal Services

Case Number:	CM14-0011648		
Date Assigned:	02/21/2014	Date of Injury:	08/09/2003
Decision Date:	08/04/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 30-year-old female who has submitted a claim for lumbar postlaminectomy syndrome associated with an industrial injury date of August 9, 2003. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain. Physical examination revealed decreased sensation in bilateral lower extremities. There was moderate tenderness of the lumbar paraspinal musculature bilaterally. Range of motion (ROM) was limited in all planes by pain and guarding. Treatment to date has included lumbar spine surgery (April 2007), spinal cord stimulation, physical therapy, and medications, which include Dendracin lotion, Ambien 10mg, Duragesic Transderm patch, Flexeril 10mg, Norco 10/325mg, Prilosec 20mg, Senokot-S 8.6/50mg and Topamax 100mg. Utilization review from January 22, 2014 modified the request for Senokot-S 8.6/50mg #200 to Senokot-S 8.6/50mg #60 because the medication is medically necessary for the patient but it is prescribed for use twice a day and 60 pills should suffice for a one month supply. The request for Ambien 10mg #30 was modified to Ambien 10mg #15 because there was no documentation of trial and failure of non-pharmacologic management of sleep disturbance. However, since Ambien should not be abruptly discontinued, 15 pills were certified for weaning. The request for Norco 10/325mg #150 was modified to Norco 10/325mg #120 because the total dose is 148mg per day which is excessive and the potential Acetaminophen load is 1950mg per day, and the medication should be tapered so that the total dose utilized on a daily basis is no more than 120mg. 120 pills were certified to begin weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT-S 8.6/50MG #200: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Senna).

Decision rationale: Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation should be initiated with opioid treatment. The FDA states that Senna is indicated for short-term treatment of constipation, and preoperative and pre-radiographic bowel evacuation, or for procedures involving the GI tract. In this case, the patient has been on this medication since March 2011 although the exact date of initiation is not known. This medication is necessary to manage constipation associated with medication intake, and the patient has been on chronic opioid therapy with reported episodes of constipation. Guideline criteria were met. Therefore, the request is medically necessary.

AMBIEN 10MG #30: Upheld

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

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 Treatment, Zolpidem.

Decision rationale: 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, the the earliest record of Ambien intake was March 2011. Medical records do not document any sleep problems and there is no documentation of trial and failure of non-pharmacologic management of sleep disturbances. No objective functional gains from Zolpidem use were noted. Previous UR already approved 15 units for weaning, therefore the request is not medically necessary.

NORCO 10/325MG #150: Overturned

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: Chronic Pain Medical Treatment Guidelines state ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 has been on chronic opioid treatment. Date of initiation is not known. Progress report dated 2/11/14 indicated that the patient's current opioid medications include Norco and Duragesic patches. Medical records clearly mentioned continued analgesia and functional benefits from its use. Records also included toxicology screening, and monitoring of adverse effects and aberrant behaviors from opioid use. As such, the request is medically necessary.