

Case Number:	CM14-0153168		
Date Assigned:	09/23/2014	Date of Injury:	05/22/2007
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 and 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:

This case involves a 46-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of May 22, 2007. Medical records from 2014 were reviewed. The patient complained of low back pain rated 7/10, radiating to the left leg. Apart from this, he also has a history of depression and insomnia. He is also being counseled for substance abuse. Urine drug screen done on July 29, 2014 showed inconsistent results as Zolpidem was not detected. Physical examination showed an antalgic gait and limitation of motion of the lumbar spine. The diagnoses were lumbar disc herniation; lumbar disc degeneration; chronic low back pain; and radiculopathy. Treatment plan includes requests for medication refill. Treatment to date has included Norco, Soma, Prilosec, Ambien, Amitriptyline, MediPatch, Elavil, lumbar ESI, lumbar spine surgery, and physical therapy. Utilization review from September 12, 2014 denied the requests for Norco 10/325mg DOS 7/29/14 because long-term use of opioids is not supported and no clear rationale for Norco use was provided; Soma 1mg #30 DOS 7/29/14 because long-term use is not supported; Ambien 10mg #30 DOS 7/29/14 because long-term use is not supported and no rationale was provided on why over-the-counter medication could not be used; Prilosec 20mg #30 DOS 7/29/14 because the multiple medication management for pain is not supported; and Amitriptyline HCL 50mg DOS 7/29/14 because there was no mention of any specific objective depression or neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg DOS 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids; and Weaning of Medications P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic Norco use dating as far back as March 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. There was also no evidence that the patient has returned to work. Furthermore, urine drug screen showed inconsistent result suggestive of aberrant drug taking behavior. The guideline requires documentation of functional and pain improvement, appropriate medication use, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request did not specify number of medication to dispense. Therefore, the request for Norco 10/325mg DOS 7/29/14 is not medically necessary.

Soma 1mg #30 DOS 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available), Pa.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not recommended and is not indicated for long-term use. It is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In this case, Soma intake was noted as far back as March 2014. The guideline does not recommend Carisoprodol and its long-term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Soma 1mg #30 DOS 7/29/14 is not medically necessary.

Ambien 10mg #30 DOS 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment, Zolpidem (Ambien)

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: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states Ambien (Zolpidem) is a prescription short acting non-benzodiazepine 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. In this case, the patient has a history of insomnia. Ambien intake was noted as far back as March 2014. The guideline does not support long-term use of this medication. Moreover, most recent progress reports did not discuss patient's sleep pattern. There was no objective evidence of improvement in sleep quality with its use. Likewise, there was no evidence of failure of sleep hygiene techniques to manage sleep problem. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Ambien 10mg #30 DOS 7/29/14 is not medically necessary.

Prilosec 20mg #30 DOS 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPI) should be prescribed in patients on non-steroidal anti-inflammatory drugs (NSAIDs) therapy who are at risk for gastrointestinal (GI) events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, there was no evidence of gastrointestinal issues based on the most recent progress reports. Moreover, there was no indication of increased risk for developing gastrointestinal events. The guideline recommends PPI use for those with intermediate or high risk factors. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Prilosec 20mg #30 DOS 7/29/14 is not medically necessary.

Amitriptyline HCL 50mg DOS 7/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Amitriptyline Page(s): 13-14.

Decision rationale: As stated on page 13 of the CA MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline is a tricyclic antidepressant and is generally considered a first-line agent unless ineffective, poorly tolerated, or contraindicated. Tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, history of depression was noted. Amitriptyline was taken as far back as March 2014. However, there was no objective evidence of overall improvement in pain, function, sleep quality and psychological status directly attributed with amitriptyline use. Assessment of treatment efficacy is required for continued use of this medication. In addition, the request did not specify quantity of medication to dispense. Therefore, the request for Amitriptyline HCL 50mg DOS 7/29/14 is not medically necessary.