

Case Number:	CM14-0157732		
Date Assigned:	10/01/2014	Date of Injury:	12/14/2005
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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 52 year-old patient sustained an injury on 12/14/2005 while employed by. Request(s) under consideration include 1 Prescription of Hydrocodone/APAP 10/325mg #60, 1 Prescription of Lyrica 150mg #90, and 1 Prescription of Zolpidem 10mg #30. Diagnoses include post-traumatic headaches and memory difficulty. The patient continues to treat for chronic ongoing symptoms of chronic headaches, neck and lower back pain. Report of 9/2/14 from the provider noted the patient with complaints of headaches, double vision, hemorrhoids, memory difficulty, depression/ anxiety/ insomnia, sensitivity to sound, cervical and upper extremity pain with associated numbness, tingling and lower back pain. Exam showed abnormal Epworth sleep score of 17. The request(s) for 1 Prescription of Hydrocodone/ APAP 10/325mg #60, 1 Prescription of Lyrica 150mg #90, and 1 Prescription of Zolpidem 10mg #30 were non-certified on 9/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of hydrocodone/APAP 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Records indicate previous peer reviews in 2012, 2013, and latest on 7/29/14 with recommendation for weaning off Hydrocodone/ Apap due to lack of overall functional improvement. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 Prescription of Hydrocodone/APAP 10/325mg, #60 is not medically necessary and appropriate.

1 Prescription of Lyrica 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Page(s): 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. The clinical exams submitted have no documented neurological deficits or identified any neuropathy. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The 1 Prescription of Lyrica 150mg, #90 is not medically necessary and appropriate.

1 Prescription of Zolpidem 10mg, #30: 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 (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®)

Decision rationale: Per the ODG, this non-benzodiazepine CNS (central nervous system) depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or of sleep disorders to support its use for this chronic 2005 injury. There is no failed trial of behavioral interventions or proper pain management to hinder any sleep issues. The 1 Prescription of Zolpidem 10mg, #30 is not medically necessary and appropriate.