

<b>Case Number:</b>	CM14-0162406		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/07/2000
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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, has a subspecialty in interventional Spine 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 53 year old male with an injury date of 12/07/00. The 10/22/14 report by [REDACTED] states that the patient presents with aching, sharp, throbbing right sided lower back pain radiating to the right knee, and right calf. Current pain is 8/10 average pain is 6/10 and is exacerbated by a recent fall. The patient also present with anxiety and depression. He has an antalgic gait favoring the right, and the patient is reported to be working full duty as of 10/13/14. Examination reveals only positive straight leg raising seated on the right. The patient's diagnoses include: Lumbar post-laminectomy syndrome Degeneration lumbar intervertebral disc Psychophysiologic disorder Medications are listed as: Ambien, Gabapentin, Norco, Venlafaxine, Theramine, Terocin lotions, Omeprazole and Flutiscone. The utilization review being challenged is dated 08/29/14. Reports were provided from 10/15/02 to 10/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, tablet by mouth #30 3 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-Treatment for Workers Compensation, Online Edition, Chapter Pain (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), Mental Illness and Stress Chapter, Zolpidem (Ambien)

**Decision rationale:** The patient presents with right sided lower back pain rated 8/10 that radiates to the right knee and calf. The treating physician requests for Ambien 10 mg, tablet by mouth. The reports show the patient has been taking this medication since at least 06/09/14. ODG guidelines Mental Illness and Stress Chapter, Zolpidem (Ambien), state, "Not recommended for long-term use, but recommended for short-term use." Official Disability Guidelines (ODG), Pain Chapter further states usually two to six weeks for treatment of insomnia. ODG Pain Chapter states this medication is recommended for 7-10 days treatment of insomnia. The reports do show the patient experiences sleep interference and that the patient is not able to sleep without this medication. In this case, however, the treating physician does not discuss the short term use of the medication as required by ODG. The guidelines appear to recommend up to 6 weeks and the patient's use is documented to be for months. Therefore, this request is not medically necessary.

**Norco 7.45mg-325mg 1 every 6 hours as needed #120, 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89; 76-78.

**Decision rationale:** The patient presents with right sided lower back pain rated 8/10 that radiates to the right knee and calf. The treating physician requests for Norco 7.45 mg -325 mg 1 every 6 hours as needed #120 1 refill. The reports show the patient has been taking this medication since at least 06/09/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily livings (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports state the patient is taking this medication as part of neuropathic agent medication management and the patient reports a 40% decrease in pain through use of the medication. The treating physician further states, "The patient is in the maintenance phase of opioid therapy & will be likely to require long term opioid therapy for control of their non-malignant pain." The treating physician also states that medications continue to be denied resulting in exacerbation of pain. Pain was routinely assessed through the use of pain scales. On 06/19/14 it is rated 6-7/10 and 07/22/14 to 10/22/14 8/10 current pain and 6/10 average pain. The patient is working and reports increased function including ADLs, walking regimen and home exercise program. Opiate management issues are only partially discussed. The reports state that the patient takes all medications appropriately and there are no significant side effects. However, no urine toxicology reports are provided and there is no discussion of urine drug screening (UDS). No

outcome measures are provided as required by MTUS. Therefore, this request is not medically necessary.

**Venlafaxine 50mg 1 twice a day #60 3 refills: Overturned**

**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, Venlafaxine

**Decision rationale:** The patient presents with right sided lower back pain rated 8/10 that radiates to the right knee and calf. The treating physician requests for Venlafaxine 50 mg 1 twice a day #60, 3 refills. The reports show the patient has been taking this medication since at least 06/09/14. Official Disability Guidelines (ODG), Pain Chapter state that Venlafaxine is recommended as an option as a first line treatment for neuropathic pain and has FDA approval for treatment of depression and anxiety disorders. The treating physician states the patient takes this medication for anti-depressant management and the patient reports a 30% decrease in depression without adverse side effects. The treating physician further notes the patient has been unable to receive the medication and as a result the patient's mood has decreased. In this case, the medication is indicated for anxiety and depression which is present in this patient, and the treating physician states how it helps. Therefore, this request is medically necessary.

**Gabapentin 600mg 1 tablet 3 times a day by mouth #90, 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

**Decision rationale:** The patient presents with right sided lower back pain rated 8/10 that radiates to the right knee and calf. The treater requests for GABAPENTIN 600 mg 1 tablet 3 times a day by mouth #90, 3 refills. The patient appears to have been taking this medication since at least 06/09/14. MTUS has the following regarding Gabapentin (MTUS pg. 18,19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The 10/22/14 report states this medication provides the patient a 40 decrease in pain with no reported adverse side effects. In this case, this medication is indicated for neuropathic pain which presents in this patient and the treater states how the medication helps. Recommendation is for authorization.