

Case Number:	CM14-0179185		
Date Assigned:	11/03/2014	Date of Injury:	02/03/1999
Decision Date:	12/09/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 53-year-old male with a date of injury of February 3, 1999. He was thrown to the ground and struck his head. He developed neck pain radiating down the right upper extremity. He subsequently underwent fusion surgery from C5-C7 in 2001 with a revision in 2003. He continues to have right upper extremity radicular symptoms. He has had low back pain radiating down the left lower extremity. An MRI scan from roughly 2000 revealed degenerative disc disease but electrodiagnostic studies did not reveal evidence of a radiculopathy. He has continued to have low back pain radiating down the left lower extremity. He relates that he has heartburn for which he takes Pepcid 20 mg twice daily. He is not currently taking anti-inflammatories. He is taking Norco 10/325 mg, 8 tablets daily. He is taking Ambien 10 mg at bedtime and appears to have done so continuously for several years. The physical exam reveals tenderness to palpation of the cervical facets, diminished cervical range of motion, and positive Spurling's and compression testing on the right side. The lumbar spine region reveals tenderness of the facet joints and the left anterior superior iliac spine. There is diminished lumbar range of motion, a positive straight leg raise test, and diminished sensation in the left L5-S1 region. The diagnoses include cervical disc disease, cervical radiculopathy, lumbar degenerative disc disease, lumbar radiculitis, lumbar spondylosis, depression, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 20mg #60 with 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation International Journal of Clinical Practice, July 2007, Opioid Induced Bowel Dysfunction.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) are silent on treating opioid induced symptoms of reflux/heartburn. The cited guidelines recommend treatment with a histamine blocker, such as Pepcid. If that is ineffective, then a proton pump inhibitor may be considered. In this instance, the injured worker would appear to have heartburn as a consequence of the Norco and therefore Pepcid 20mg #60 with 2 Refills is medically necessary.

Norco 10/325mg #240 with 2 Refills: Overturned

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: The cited guidelines state that for those requiring chronic opioids that there be ongoing monitoring for pain relief, functionality, side effects, and any aberrant drug taking behavior. Opioids may be continued if there is both improvement in pain and functionality. In this instance, it is apparent that the Norco provides 50% pain relief and there is specific documentation of improvements in functionality. A signed narcotic contract is on file. Screening for aberrant drug taking behavior is occurring via urine drug screening and checking of CURES reports. There is regular screening for risk of opioid abuse via questionnaires. In essence, the treating physician appears to be following the exact letter of the cited guidelines for chronic opioid therapy and there appears to be no reason to discontinue or wean them. Therefore, Norco 10/325mg #240 with 2 Refills is medically necessary.

Ambien 10mg #30 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 (Chronic), Zolpidem (Ambien®)

Decision rationale: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety

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. In this instance, the Ambien appears to have been in continuous use for several months if not years. The treating physician documents that other sleep aids have been attempted including over-the-counter varieties and Lunesta without success. A review of nearly 600 documents however failed to show a prolonged length of time or Ambien has not been in use and consequently the injured worker's sleep having suffered. The treating physician documents good pain relief with the current Norco regimen which would suggest a problem with anxiety or sleep hygiene. The recent referral to a psychologist is noted. In view of the referenced guidelines, Ambien 10 MG #30 with 3 Refills is not medically necessary at this time.

MRI of The Lumbar Spine without Dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: MRI's are the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this instance, the injured worker has signs and symptoms of neurocompression despite conservative therapy. The last MRI scan of the lumbar spine appears to be greater than 10 years ago. Therefore, an MRI of the lumbar spine without dye is medically necessary.