

Case Number:	CM14-0179239		
Date Assigned:	11/03/2014	Date of Injury:	06/27/2000
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
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 63 year old male with a date of injury of 6-27-2000. He had a fusion surgery with hardware and bone grafting of L4-L5 in 2001 and a total hip replacement in 2010. He has complained of low back and sacroiliac region pain with radiation to the bilateral anterior thighs. Pain levels have averaged 4-5/10 and have ranged from 2-8/10 since July 2013. He reports difficulty with sleep with frequent night time waking as a result of pain. He has been prescribed Ambien CR 12.5 mg to be used as needed for sleep, #30, frequently and nearly monthly since July 2013. He has been prescribed Oxy IR 30 mg, 6 daily, and Norco 10/325 mg to be used up to 4 times a day since July 2013 as well, giving a total daily Morphine equivalency dose of 310 milligrams per day. The treating physician notes pain and functional improvement as a consequence of the medication and that the injured worker is generally happy with the treatment plan. There are statements to the effect that no aberrant drug taking behavior has been evident. Side effects have been noted, including dry mouth. The physical exam has generally revealed no tenderness of the lumbar or sacroiliac regions, right sided diminished L5 region sensation, and a normal lower extremity neurologic exam otherwise. The diagnoses include low back pain syndrome, lumbar radiculopathy, S/P lumbar fusion, reactive depression, and osteonecrosis of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Opioids for Chronic Pain.

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

Decision rationale: The referenced guidelines state that for those requiring chronic opioid treatment, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). 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 instance, the injured worker has been prescribed two different varieties of short acting opioids: Oxy IR for a total daily Morphine equivalency of 270 mg and Norco 10/325 for a potential, additional 40 mg Morphine equivalent daily dose. Questions regarding intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts would be impossible to answer as both medications are considered short acting and are dosed every 6 hours thereby necessitating overlapping doses of short acting opioids. The medical record does not say how the injured worker was to decide between the Oxy IR and Norco as both are written 'as needed' but clearly both are taken every day. Therefore, the rationale for two short acting opioids which in combination greatly exceed 120 Morphine equivalents daily has not been established. Hence, 100 tablets of Norco 10/325mg are not medically necessary.

180 tablets of Oxycodone IR 30mg: Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids 74-96.

Decision rationale: The referenced guidelines state that for those requiring chronic opioid treatment, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory

response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). 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 instance, the injured worker has been prescribed two different varieties of short acting opioids: Oxy IR for a total daily Morphine equivalency of 270 mg and Norco 10/325 for a potential, additional 40 mg Morphine equivalent daily dose. Questions regarding intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts would be impossible to answer as both medications are considered short acting and are dosed every 6 hours, thereby necessitating overlapping doses of short acting opioids. The medical record does not say how the injured worker was to decide between the Oxy IR and Norco as both are written 'as needed' but clearly both are taken every day. Therefore, the rationale for two short acting opioids which in combination greatly exceed 120 Morphine equivalents daily has not been established. As the medical necessity of Norco was not established, the remaining Morphine daily equivalency dose would be reduced from 310 mg a day to 270 mg a day. Were the Oxy IR to continue, this would allow for a not unreasonable Morphine equivalency dose reduction to occur and allow the treating physician to more fully document the intensity of pain after taking the opioid (Oxy IR); how long it takes for pain relief; and how long pain relief lasts. Therefore, 180 tablets of Oxycodone IR 30mg are medically necessary per the rationale stated.

30 tablets of Ambien CR 12.5mg: Upheld

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 (Chronic), Zolpidem (Ambien)

Decision rationale: Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine 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. Ambien CR offers no significant clinical advantage over regular release Zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. In this instance, Ambien CR has been prescribed with great frequency

and in amounts that allow for use greater than the recommended 7-10 days. Therefore, 30 tablets of Ambien CR 12.5mg are not medically necessary per the referenced guidelines.