

Case Number:	CM14-0179920		
Date Assigned:	11/04/2014	Date of Injury:	06/04/2008
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Texas & 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 is a 60 year old male patient who sustained an injury on 6/04/2008. He sustained the injury while lifting and inspecting heavy parts. The diagnoses include status post L2-3, L3-4, L4-5, L5-S1 Laminectomy and partial medial facetectomy, loss of rectal tone, sensation and control, compensatory cervical and thoracic strain and depression. Per the doctor's note dated 8/27/14, patient had complaints of low back pain with radiation to the bilateral legs and stool incontinence. Physical examination revealed lumbar spine- tenderness over the upper and lower lumbar spine, active range of motion- flexion 30, extension 10, lateral bending 15 degrees bilaterally. The medication list includes Norco, ambien, ativan and cymbalta. He has had EMG in 2010 and MRI on 4/27/11 which revealed multiple posterior disc protrusion. He has undergone L2-3, L3-4, L4-5, L5-S1 laminectomy and partial medial facetectomy on 3/25/2010. He has had physical therapy visits and TENS for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 11/21/14) Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continued review of the overall situation with regards to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The request for Norco 10/325mg #100, 3 refills is not medically necessary.

Ambien 10mg #30, 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 11/21/14) Zolpidem (Ambien®)

Decision rationale: Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia was not specified in the records provided. In addition, zolpidem is approved for short-term use only. The request for Ambien 10mg #30, 3 refills is not medically necessary.

Ativan 2mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 6 years and 5 months ago. A detailed evaluation by a psychiatrist is not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The request for Ativan 2mg #60, 3 refills is not medically necessary.