

Case Number:	CM14-0052146		
Date Assigned:	07/07/2014	Date of Injury:	07/30/2001
Decision Date:	09/16/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 is a 50-year-old male with a date of injury of 7/30/01. The mechanism of injury was not noted. On 3/17/14 he complained of low back pain described as aching, burning, cramping, sharp, and shooting. The pain level was 7/10 without medications and 5/10 with medications. He complained of difficulties with activities of daily living, walking/running and loss of range of motion. He stated he takes his Norco every 6 hours as prescribed. On exam the lumbar spine had restricted range of motion, with moderate spasm and mild tenderness along the bilateral lumbar. The diagnostic impression is lumbar facet arthropathy, lumbar discogenic pain, and lumbar degenerative disc disease. Treatment to date: nerve block, radiofrequency ablation (RFA) of lumbar medial branches, medication management. A UR decision dated 3/21/14 denied the retrospective request for Zolpidem 10mg and Flexeril 7.5mg both dated 3/17/14. The retrospective request for Hydrocodone/APAP 10/325mg #240 was modified to Hydrocodone/APAP (Norco) 10/325mg #180, dated 3/17/14. The Zolpidem was denied because the patient has been taking Zolpidem since at least 5/10/13, which exceeds the guideline criteria of 2 - 6 weeks of treatment. The patient still reports difficulty sleeping despite the long-term use of this medication. The Flexeril was denied because guidelines recommend muscle relaxants as a second-line option for the treatment of acute exacerbations in patients with chronic low back pain. Use of Flexeril should be brief and its use is not supported beyond 2 - 3 weeks. The documentation provided indicated that the patient had been receiving Flexeril continually since at least 3/22/12, which was well beyond the 2 - 3 week guideline recommendation. Additionally, the documentation provided no indication that the Flexeril had been effective. Since the record indicated that the Flexeril had been dispensed, there was no need to taper due to possible withdrawal symptoms. The Hydrocodone/APAP was modified from #240 to #180 because the patient's pain dropped to 5/10 with the medication compared to the baseline pain of 7/10 without

medication. He also reported that he was able to perform more activities of daily living while taking this medication, was screened for signs of addiction and/or dependency and none were noted. Based on this discussion the request for this medication appears to be appropriate. However, the request was for #240 tablets, which would make the requested dosage/quantity 80mg/ 24hrs, exceeding the maximum recommended dosage of 60mg/24hours. Therefore, the retrospective request for Norco 10/325mg #240 was modified to Norco 10/325mg #180, which would have been consistent with guideline, recommended dosing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zolpidem Tartrate 10 mg #30 3/17/2014: 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)-Insomnia Treatment.

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, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA Ambien.

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, it was noted that this patient has been on (Zolpidem) Ambien since at least 5/10/13. Guidelines state that Ambien is indicated for the short-term (usually 2 - 6 weeks) treatment of insomnia. While sleeping pills such as Ambien 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. This patient has been noted to be on Ambien since 5/10/13. Therefore, the retrospective request for Zolpidem Tartrate 10mg #30 3/17/14 is not medically necessary and appropriate.

Retrospective request for Hydrocodone/APAP 10/325 mg #240, 3/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing Opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the patient has been on Norco since at least 1/25/11. The patient has been prescribed

Norco 10/325mg every 4-6 hours as needed and he reported that he has been taking this medication regularly as prescribed. If the patient is taking this medication as prescribed then he should be taking a maximum of 6 tablets per day, which would equate to #180 tablets per month. It is unclear if this request is for a 1month supply or greater than a 1 month. The Utilization Review (UR) decision modified the Norco #240 to Norco #180 to allow for weaning. Therefore, the retrospective request for Hydrocodone/APAP 10/325mg #240 3/17/14 is not medically necessary and appropriate.

Retrospective request for Flexeril 7.5 mg #60, 3/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-41.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, the patient has been on Flexeril regularly since 3/22/12. There was no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a refill for Flexeril. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the diminishing efficacy over time and the risk of dependence. Therefore, the retrospective request for Flexeril 7.5mg #60 3/17/14 is not medically necessary and appropriate.