

Case Number:	CM14-0068180		
Date Assigned:	07/14/2014	Date of Injury:	04/14/2003
Decision Date:	10/01/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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:

The patient is a 73 year old male who was injured on 11/18/2009. The mechanism of injury is unknown. Toxicology report dated 12/05/2013 detected medications that were not prescribed. Carisoprodol/Meprobamate, Hydrocodone, Paroxetine and Zolpidem were prescribed but not detected. Progress report dated 03/17/2014 states the patient presented with complaints of persistent lumbar spine pain with bending or twisting. He reported left knee pain and insomnia. On exam, the lumbar spine revealed positive tenderness to palpation over the paraspinals. There is tenderness of the SI joint. He has positive Faber and Patrick sign. He is diagnosed with lumbar radiculitis/neuritis; internal derangement of the left knee; and herniated disc of the lumbar spine. The patient was prescribed Soma 350 mg, Prilosec 40; Paxil 20 mg, Vicodin ES and Ambien. Prior utilization review dated 04/22/2014 states the request for Vicodin 7.5/300 mg #150 with 5 refills is modified to certify generic Vicodin 7.5/300 mg #60 with no refills; Ambien 12.5 mg #30 with 5 refills is modified to certify generic Ambien 12.5 mg #30 with no refills; Paxil 20mg #50 with 3 refills is modified to certify Paxil 20 mg x one month supply; Prilosec 40mg #60 with 3 refills is non-certified; and Soma 350mg #90 with 3 refills is modified to certify Soma #20 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300 mg #150 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for a therapeutic trial of opioids.

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

Decision rationale: According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic non-malignant pain is not clearly established. In this case a request is made for Vicodin 7.5/300 mg #150 with 5 refills. However, provided history and examination findings do not demonstrate clinically significant functional improvement from use of this medication. Medical necessity is not established.

Ambien 12.5 mg #30 with 5 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 (ODG), Treatment in Workers Comp Pain Procedure Summary last updated 04/10/2014, Zolpidem (Ambien) and Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem

Decision rationale: MTUS guidelines do not specifically address the request. According to the Official Disability Guidelines, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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 case a request is made for Ambien 12.5 mg #30 with 5 refills. However, Zolpidem (Ambien) is not indicated for long-term use. Provided history and examination findings do not support an exception to the guideline recommendation. Medical necessity is not established.

Paxil 20mg #50 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Workers' Compensation Drug Formulary

Decision rationale: According to MTUS guidelines, antidepressants are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." "... Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials." In this case a request is made for Paxil (Paroxetine). However, it is not clear if Paxil is prescribed for depression or chronic pain. Records do not clearly establish neuropathic pain. There is no documented failure or contraindication to tricyclics. Paxil is an "N" drug on the Official Disability Guidelines formulary. Provided history and examination findings do not demonstrate improvement on this medication. Medical necessity is not established.

Prilosec 40mg #60 with 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 (ODG), Treatment in Workers Comp, Pain Procedure Summary last updated 04/10/2014 (Proton Pump Inhibitors (PPIs))

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-9.

Decision rationale: According to MTUS guidelines, PPI's, such as Prilosec, are recommended for patients taking NSAIDs at moderate to high risk of gastrointestinal events. The patient is at moderate risk based on age alone. However, in this case it is not clear that the patient is taking an NSAID. There is no discussion of gastrointestinal side effects or pathology. Medical necessity is not established.

Soma 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, Pain Procedure Summary last updated 04/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

Decision rationale: According to MTUS guidelines, SOMA is not recommended. SOMA is not indicated for long-term use. In this case a request is made for SOMA 350 mg #90 with 3 refills. The patient has chronic pain. The prescription is not consistent with short-term use. Medical necessity is not established.