

<b>Case Number:</b>	CM14-0068705		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/11/1992
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 59-year-old female with a 10/11/92 date of injury. The mechanism of injury was not noted. According to a progress note dated 6/10/14, the patient presented with persistent back, neck, and upper extremity complaints. She complained of burning low back pain that radiated down into her right leg. She rated her low back and right leg pain at 7/10. Objective findings: tenderness in the paraspinal musculature of the thoracic and lumbar region, muscle spasm is positive over the lumbar spine on the right, restricted lumbar ROM. Diagnostic impression: status post L5-S1 fusion inspection and removal of hardware 3/5/12, depression. Treatment to date: medication management, activity modification. A UR decision dated 4/15/14 modified the requests for Norco 10/325 mg from 90 tablets with 3 refills to 90 tablets with 2 refills, Prilosec 20 mg 60 tablets with 2 refills to 30 tablets with 2 refills, and Ultram 50 mg 30 tablets with 3 refills to 30 tablets with 0 refills and denied the request for Ambien. Regarding Norco, there is documented symptomatic and functional improvement from its usage. The request was modified to continue to monitor patient compliance and treatment efficacy. Regarding Prilosec, the medical necessity has been established and the request was modified to comply with referenced guideline once daily dosage recommendations. Regarding Ultram, this medication is not recommended for patients with depression, which is documented. The request was modified to initiate a weaning process. Regarding Ambien, there was no explicit documentation of current sleep disturbance, results of sleep behavior modification attempts, or documentation of failed trials of other guideline-supported treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 w/3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. There is documentation that Norco provides pain relief for the patient. However, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. In addition, this is a request for a four month supply, which is excessive. Chronic opioid use requires regular monitoring for functional improvement and appropriate medication use. Therefore, the request for Norco 10/325mg #90 w/3 refills was not medically necessary.

**Prilosec 20mg #60 w/2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. It is documented that the long-term use of Norco has caused some GI upset for this patient, and Prilosec is being prescribed as prophylactic therapy for gastrointestinal symptoms from chronic opioid use. However, a prior UR decision from 4/15/14 modified the request from 60 tablets to 30 tablets to comply with once-daily dosing of Prilosec. Therefore, the request for Prilosec 20mg #60 w/2 refills was not medically necessary.

**Ultram 50mg w/3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram0).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. In the reports reviewed, there is documentation that the patient's medication regimen has been helping her. However, there is no documentation that Ultram, specifically, is providing significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the patient is also utilizing Norco. Guidelines do not support the use of multiple short-acting opioid analgesics. Therefore, the request for Ultram 50 mg w/3 refills was not medically necessary.

**Ambien 10mg #30 w/2 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.

**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, AmbienOther 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. According to the reports reviewed, the patient has been utilizing Ambien since at least 10/7/13, if not earlier. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation of proper sleep hygiene techniques being used by the patient. Therefore, the request for Ambien 10 mg #30 w/2 refills was not medically necessary.