

Case Number:	CM14-0072930		
Date Assigned:	06/30/2014	Date of Injury:	11/14/1998
Decision Date:	08/20/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 48 year old female who had a work related injury on 11/14/98. Mechanism of injury was not disclosed. The injured worker had lumbar interbody fusion L5-S1 08/30/04, revision of lumbar fusion L4-5 and L5-S1 07/06, and two micro discectomies. She continued to complain of back and leg symptoms. It was noted that treatment consisted of physical therapy and intrathecal pump and oral pain medication. In reviewing the medical records submitted for determination, there was no documentation of functional improvement, or any urinary drug screen (UDS). The most recent medical record was dated 03/03/14. Upon physical examination, notable antalgic gait was favoring the right lower extremity, posterior lumbar musculature revealed significant tenderness bilaterally, left greater than right, with muscle rigidity. The records demonstrated she had decreased range of motion, ability to bend forward with her outstretched fingers to about 30 degrees, and extension limited to about 20 degrees. The injured worker had pain with both maneuvers; sensory examination with pinwheel was decontrolled released along posterior lateral thigh and posterior lateral calf bilaterally in approximately L5-S1 distribution. Straight leg raise was positive bilaterally at 45 degrees causing radicular symptoms. Deep tendon reflexes were 1/4 in patella and absent ankle Achilles tendons bilaterally. Electromyography (EMG) on 06/10/02 revealed left S1 radiculopathy. Lumbar spine MRI on 11/16/12 revealed posterior interbody fusion at L4-5 and L5-S1 with possible arachnoid cyst structure measuring 8x7mm causing mass effect towards the right, possibly displacing the right L2 nerve root. Current medications include: intrathecal infusion morphine 3.3 milligrams/day, Norco 10/325 three to four tablet per day, Soma 350milligrams four to six tablets per day, Ambien controlled release 12.5milligrams one at bedtime as needed, Prilosec 20milligrams one twice daily, Metformin one per day, Dilantin 300milligrams per day, Dendracin topical analgesic cream. The injured worker had gastroenteritis secondary to the

chronic use of medications. Prior utilization review dated 03/25/14 request for Norco 10/325 milligrams #360 was modified to certification of one prescription of Norco 10/325 milligrams #135. The requested prescriptions for Prilosec and Dendracin topical cream and Ambien controlled release 12.5 milligrams were not certified. The request for one prescription of Soma 350 milligrams was modified to certification of one prescription of Soma 350 milligrams #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioids.

Decision rationale: The request for one prescription of Norco 10/325 milligrams #360 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. There was no documentation of functional improvement, or any urinary drug screen (UDS). The four 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. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

1 PRESCRIPTION OF PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Proton pump inhibitors (PPIs).

Decision rationale: The request for one Prilosec 20 milligrams #60 is not medically necessary. Recommended for patients at risk for gastrointestinal events, and the clinical documentation submitted for review does support the request. The injured worker has documented gastroenteritis secondary to the chronic use of medications. As such, medical necessity has not been established.

DENDRACIN TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The request for Dendracin topical cream is not medically necessary. The current evidence based guidelines do not support the request for Dendracin topical cream. It is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, medical necessity has not been established.

SOMA 350 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, muscle relaxant (for pain).

Decision rationale: The request for Soma 350 milligrams is not medically necessary. The current evidence based guidelines do not support the request for Soma. Recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is not recommended for longer than a two to three week period. As such medical necessity has not been established.

AMBIEN CR 12.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CHRONIC (PAIN).

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, Zolpidem (Ambien®).

Decision rationale: The request for Ambien controlled release 12.5 milligrams is not medically necessary. The current evidence based guidelines does not support the request. Due to adverse effects, the Food and Drug Administration (FDA) now requires lower doses for Zolpidem. The dose of Zolpidem for women should be lowered from 10 milligrams to 5 milligrams for immediate release products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 milligrams to 6.25 milligrams for extended release products (Ambien controlled release). The extended release product is still more risky than immediate release. In laboratory studies, 1 percent of women and 3 percent of men who took a 10 milligram dose of Ambien had potentially dangerous

concentrations of the drug in their blood eight hours later. Therefore, medical necessity has not been established.