MAXIMUS Federal Services

Case Number:	CM14-0080151		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2008
Decision Date:	09/23/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pain Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 48-year-old male who reported an injury on 04/12/2008. The mechanism of injury was due to a slip and fall. His diagnosis was displacement of thoracic or lumbar intervertebral disc without myelopathy. Past treatments included 3 cortisone steroid injections for the left ankle, physical therapy, transforaminal epidural steroid injection at the left L5-S1, left ankle brace, surgery, and medications. Surgical history included left ankle surgery times 2 in 2009 and 2010 and left knee surgery in 2009. On 04/10/2014, he was seen for bilateral low back pain that radiated into the left buttock and into the left lateral thigh and left lateral calf, radicular pain. Upon examination of the left lumbar and left ankle, the range of motion was restricted by pain in all directions. There was tenderness upon palpation of the left ankle and lumbar paraspinal muscles overlying the L1-4 region, of the left buttock and left sacroiliac joint, and of the left knee. Lumbar discogenic and left ankle provocative maneuvers were positive. Left sacroiliac joint provocative maneuvers, included Yeoman's, Gaenslen's, and tenderness at the sacral sulcus, were positive. He was noted to be status post left sciatic joint radio frequency nerve operation, status post left knee surgery, left knee pain, left sacroiliac joint pain as diagnosed by positive diagnostic left sacroiliac joint injection, L5-S1 disc protrusion measuring 2 mm with L5 neural foraminal stenosis, mild degenerative disc disease at L5-S1, lumbar spine injury, lumbar stenosis, lumbar facet joint arthropathy, lumbar sprain/strain, status post left ankle surgery, left ankle derangement. Treatment plan was to await report from psych consult.The injured worker's provider wanted to appeal the denial of Ambien 10 mg. The provider stated that disturbed sleep cycles are common in chronic pain and the Ambien allows the injured worker an additional 2 hours of sleep each night, making his total hours of sleep 6 hours per night. The Hydrocodone met the MTUS and ODG guidelines as it provided 50% improvement of his pain and 50% improvement of activities of daily living such as self-care and dressing. Medications

included Norco 10/325 mg 1 tablet every 5 hours as needed for pain, Ambien 10 mg every night as needed for sleep, and Lexapro 10 mg every day. The injured worker has an up to date pain contract and previous urine drug screen was consistent with no aberrant behaviors. The request is for Ambien 10 mg #30, Hydrocodone 10/325 mg times 150, Lexapro 10 mg times 30. The rationale was provided above. The Request for Authorization was dated 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Ambien).

Decision rationale: The injured worker has a history of back pain. The Official Disability Guidelines recommend Zolpidem as a 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. 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 lack of documentation as to the amount of time the injured worker has been on Ambien. The guidelines suggest for short term use, up to 6 weeks, for treatment of insomnia. The injured worker received an extra 2 hours from the Ambien. Said medication may impair function and memory more than opioid pain relievers. There is lack of frequency on the request. As such, the request for Ambien 10mg # 30 is not medically necessary.

Hydrocodone 10/325 x 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug listOpioids, criteria for use Page(s): 91, 78.

Decision rationale: The injured worker has a history of back pain. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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. There is insignificant documentation of the pain relief, side effects, physical and psychosocial functioning

and drug related behaviors addressed. There is lack of frequency for medication use on request. As such, the request for Hydrocodone 10/325 x 150 is not medically necessary.

Lexapro 10mg x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic PainOpioids Page(s): 13-16, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The injured worker has a history of back pain. The CA MTUS recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The California MTUS Guidelines also state assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, sleep quantity and duration, and psychosocial assessments. There is lack of documentation of alternative first line agent antidepressants. There is lack of documentation of any first line medications being tried and failed. There is lack of frequency on the request. As such, the request for Lexapro 10mg x 30 is not medically necessary.