

Case Number:	CM14-0176204		
Date Assigned:	10/28/2014	Date of Injury:	08/19/2007
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 51-year-old male with a date of injury of 08/19/2007. The listed diagnoses are: 1. Status post anterior and posterior lumbar fusions. 2. Myofascial pain syndrome. 3. Multiple cardiac risk factors. 4. Sleep apnea. 5. Status post left carpal tunnel. 6. Status post right carpal tunnel. According to progress report 09/15/2014, the patient presents with low back pain radiating to the lower extremities. He is tolerating his medications. The patient is interested in the [REDACTED] program and is trying to lose weight. Examination of the thoracolumbar spine revealed tender trigger points over his low back, buttocks and upper spine with muscle twitch points. Sensation is decreased at the L4-L5 bilaterally. To address the myofascial pain, the patient was given a trigger point injection over the right and left lower back and buttocks. The treating physician recommends the patient continue with current medication regimen which includes Ambien 10 mg, Lidoderm 5 mg patch, Neurontin 600 mg, Ativan 0.5 mg, and Norco 5/325 mg. This is a request for refill of medications. The utilization review denied the request on 10/01/2014. Treatment reports from 04/23/2014 through 09/15/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment.

Decision rationale: This patient presents with continued low back pain that radiates into the lower extremities. The current request is for zolpidem 10 mg #30. The MTUS and ACOEM Guidelines do not address Zolpidem (Ambien); however, ODG Guidelines states that zolpidem is indicated for short-term treatment of insomnia with difficulty of sleep onset, 7 to 10 days. Review of the medical file indicates the patient has been prescribed this medication since at least 04/23/2014. Based on ODG, this medication is only recommended for short term use for the treatment of insomnia. The requested Zolpidem 10 mg #30 is not medically necessary.

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin; Medication for chronic pain Page(s): 18-19; 60.

Decision rationale: This patient presents with chronic low back pain radiating to the bilateral lower extremities. The current request is for gabapentin 600 mg #90, which the treating physician has dispensed for the patient's neuropathic pain. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." The medical file provided for review indicates that the patient has been prescribed this medication since at least 04/23/2014. Given the patient's continued radicular symptoms, gabapentin may be indicated. In this case, continuation of this medication cannot be supported as the treating physician provides no discussion regarding its efficacy. In the reports dated 07/14/2014 and 09/15/2014, the treating physician provided a current pain level, but there is no discussion of decrease in pain or functional improvement with taking gabapentin. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Gabapentin is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88-89, 78; 60-61.

Decision rationale: This patient presents with chronic low back pain radiating to the lower extremities. The current request is for Norco 10/325 mg #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco for pain since 07/14/2014. Recommendation for further use of Norco cannot be supported as the treating physician provides no discussion of functional improvement or changes in ADLs as required by MTUS for opiate management. The treating physician has provided a current pain level on progress report 07/14/2014 and 09/15/2014, but there is no before and after pain scale to denote a decrease in pain with medications. In addition, there is no discussion of adverse side effects of possible aberrant behaviors and urine drug screens are not provided as required by MTUS. In this case, the treating physician has failed to provide the minimum requirements of documentation that are outlined at MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.