

Case Number:	CM14-0186315		
Date Assigned:	11/14/2014	Date of Injury:	08/30/1997
Decision Date:	04/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 53-year-old male who sustained an industrial injury reported on 8/30/1997. He has reported low back pain. The diagnoses have included multiple levels of disc degeneration/degeneration of lumbar or lumbosacral intervertebral discs, thoracic pain, cervical and lumbar disc disease, lumbosacral spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. Treatments and evaluation to date have included consultations, diagnostic imaging studies, physical therapy, epidural steroid injections, acupuncture, and medications. The work status classification for this injured worker in October 2014 was working without restrictions/permanent and stationary. Progress notes from January to October 2014 reflect treatment with norco, Neurontin, ambien, and ibuprofen. Urine drug tests and pill counts were noted to be appropriate, and the physician documented that the injured worker had signed a pain agreement. On 6/30/14, the physician documented that with medication, the injured worker was able to perform daily activities of bathing and dressing. Physical and overall functioning was noted to be the same since the last visit. On 10/13/14, the injured worker complained of pain in the left lower back with radiation to the left leg and foot. Pain was noted to be worse since the last visit. The physician documented no aberrant behavior regarding narcotic pain medication. Severity of pain without medications was 7 out of 10 in severity. Examination showed decreased range of motion of the lumbar spine, positive straight leg raising on the left, abnormal finding on sensation testing of the left L5 dermatome, decreased motor testing of hip abduction on the left with strength rated as 4/5, tenderness to palpation over the left lumbar paraspinals. On 10/24/2014, Utilization Review (UR) non-certified, for medical

necessity, the request made on 10/15/2014, for Norco 10/325mg tabs, #120/30 day supply, 1 every 6 hours for lumbar spine pain, with no refill; Ibuprofen 800 mg tabs, #90, 1 tab by mouth 3 x a day, for lumbar spine pain; Neurontin 400mg caps, #90, 1 cap by mouth 3 x a day, for lumbar spine pain, with no refill; and Ambien CR 12.5mg tabs, #30/30 day supply, 1 tab by mouth every night at bedtime for sleep due to lumbar pain, Utilization Review cited Goodman and Gilman's The Pharmacologic Basis of Therapeutics, Physician's Desk Reference, the ODG, drugs.com, Epocrates online, and the Monthly prescribing reference.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #120: 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 opioids Page(s): p. 74-96.

Decision rationale: The MTUS guidelines for chronic opioid use specify that prescribing should be according to function, with specific functional goals, return to work, random drug testing and opioid contract. The documentation indicates that the injured worker has been working without restrictions for months. The physician documented that urine drug screens were appropriate, but the dates and specific results of the testing were not submitted. A signed pain agreement was discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. This injured worker has been prescribed Norco for at least 10 months for chronic back pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There was documentation of discussion of aberrant drug-taking behaviors with none noted. Although the injured worker was noted to be working and able to do some activities of daily living with use of pain medication, the documentation indicates worsening pain, and no change in physical or overall function. Due to lack of indication for chronic back pain, lack of demonstration of functional improvement as a result of use of Norco, and lack of meeting all the criteria for long term opioid use per the MTUS, the request for Norco is not medically necessary.

Ibuprofen 800mg #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 NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. This injured worker has been prescribed ibuprofen for at least 10 months for chronic back pain, with no documentation of acute exacerbation. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Due to lack of indication, length of treatment in excess of the guidelines, and potential for toxicity, the request for ibuprofen is not medically necessary.

Neurontin 400mg #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 anticonvulsants Page(s): p. 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (neurontin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. Per the MTUS, all therapies for chronic pain are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. Neurontin has been prescribed for at least 10 months. Although the injured worker was noted to be working and able to do some activities of daily living with use of medication, the documentation indicates worsening pain, and no change in physical or overall function. Use of multiple medications has not been reduced and office visits have continued at the same frequency. Due to lack of functional improvement as a result of its use, the request for neurontin is not medically necessary.

Ambien CR 12.5 #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) chronic pain chapter: insomnia treatment.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short-term use only. The documentation indicates that the injured worker has been prescribed ambien for at least 10 months. Due to length of use in excess of the guidelines, and lack of documentation of evaluation of sleep disturbance, the request for ambien is not medically necessary.