

Case Number:	CM14-0186808		
Date Assigned:	11/14/2014	Date of Injury:	03/19/2007
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 62-year-old male with a date of injury of 03/19/2007. According to progress report 10/09/2014, the patient presents with continued low back pain. The patient's current medication regimen includes Norco 10/325 mg, Flexeril 10 mg, Paxil 10 mg, and Ambien 10 mg. It was noted the patient is "positive for low back pain." All other examination findings were within normal limits. The treater states that the patient is doing "quite well." The listed diagnoses include HTN, osteoporosis, and chronic back pain. The treater recommends the patient continue with medications. Utilization review denied the request on 10/22/2014. This is the only progress report that was provided for review that is dated prior to the utilization review. Progress report 11/11/2014, which was dated after the utilization review provides essentially the same information as prior report except includes lab test results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of cyclobenzaprine tab 10mg #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
Cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with chronic low back pain. The current request is for pharmacy purchase of cyclobenzaprine tab 10 mg #120, per report 10/09/2014. The MTUS Guidelines page 64 states that cyclobenzaprine is recommended for short-course of therapy. Limited mixed evidence does not allow for the recommendation for chronic use. Progress report 10/09/2014 states that cyclobenzaprine is a current medication and the treating physician has made a request for refill of #120. In this case, the patient has been prescribed muscle relaxants for long-term use, which is not supported by MTUS. Therefore, this request is not medically necessary.

Pharmacy purchase of Hydrocodone/APAP tab 10/325mg #360: 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 Page(s): 88, 89, 78.

Decision rationale: This patient presents with chronic low back pain. The current request is for pharmacy purchase of Hydrocodone/APAP tab 10/325 mg #360, per report 10/09/14. 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, activity of daily livings (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. Progress report 10/09/2014 lists Norco as a current medication and the treating physician has requested a refill of #360. In this case, recommendation for further use of Hydrocodone/APAP 10/325 mg cannot be supported as the treater provides no discussion regarding functional improvement or specific changes in the ADLs with utilizing long-term opioid. There is no before and after scale provided to show analgesia and adverse side effects are not discussed. A lab test report was provided on 10/09/2014, but there are no urine drug screens to monitor medication compliance. In this case, the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. Therefore, this request is not medically necessary.

Lisinopril tab 20mg #90: Overturned

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 Page(s): 8. Decision based on Non-MTUS Citation The Group Health Hypertension, <https://www.ghc.org/all-sites/guidelines/hypertension.pdf>

Decision rationale: This patient presents with chronic low back pain. The current request is for Lisinopril Tab 20mg #90, per report 10/9/14. Lisinopril is part of a group of drugs called ACE-

inhibitors. Lisinopril is used to treat high blood pressure (hypertension), congestive heart failure, and to improve survival after a heart attack. The Group Health Hypertension Guidelines recommend the usage of an ACE-inhibitor for the treatment of hypertension. The MTUS Guidelines page 8 requires that the treating physician provide monitoring and make appropriate recommendations. In this case, the patient has a diagnosis of hypertension and the treating physician recommends that the patient continue with Lisinopril for treatment. Therefore, this request is medically necessary.

Paroxetine tab 10mg #60: Overturned

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 Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with chronic low back pain. The current request is for paroxetine tab 10 mg #60, per report 10/9/14. Paroxetine is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). The MTUS Guidelines page 13 to 14 has the following under antidepressants, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." In this case, the treating physician does not provide a rationale for this medication. There is no discussion of depression or psychological symptoms that would require paroxetine. Examination findings from 10/09/2014 states, "He has normal mood and affect...He does not exhibit a depressed mood." It appears the patient does not meet the indication for this medication and the treater does not provide a discussion for its medical necessity. Therefore, this request is not medically necessary.

Zolpidem tab 10mg #90: Overturned

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), Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: This patient presents with chronic back pain. The current request is for zolpidem tablet 10 mg #90, per report 10/09/2014. The MTUS and ACOEM Guidelines do not address Zolpidem; however, Official Disability Guidelines (ODG) states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Progress report 10/09/2014 indicates that Zolpidem is a current medication and the treating physician has requested a refill of #90. Based on ODG, this medication is to be utilized for short term use for the treatment of insomnia. Given this medication has been prescribed for long term, this request is not medically necessary.

