

Case Number:	CM14-0193280		
Date Assigned:	12/01/2014	Date of Injury:	06/11/2002
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, 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 61-year-old female with complaints of chronic lower back pain and pain into the lower extremities bilaterally. Records indicate her work injury occurred on 6/11/02. The PR-2 report dated August 7, 2014 indicates her current pain level without medication is 8/10 and with medication is 6/10. Notes indicate her pain has worsened since last month. Exam findings include tenderness and spasm in the L4-S1 region. Moderate limitation is noted in lumbar range of motion. Facet signs were present. Sensory exam was normal. Straight leg raise was negative bilaterally. The current diagnoses are: Chronic pain, Lumbar facet arthropathy and Lumbar radiculitis. The utilization review report dated 10/28/14 denied the request for Ambien CR 12.5 #30, Zolpidem 10mg #30, Tramadol ER #150, and Norco 7.5/325 #60 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Online Pain Chapter.

Decision rationale: The patient presents with chronic low back pain with bilateral radiculopathy. The request is for Ambien CR 12.5 #30. Ambien (Zolpidem) is a sedative, also called a hypnotic which is used to treat insomnia. There is no documentation to show the effects of prior Ambien usage and there are no complaints or diagnosis of sleep disorder. The MTUS guidelines are silent but the ODG guidelines state that Ambien should only be used for 2 - 6 weeks for the treatment of insomnia. The patient has used Ambien for longer than six weeks and the guidelines do not support continued usage. The patient is being prescribed both brand name Ambien CR and the generic Zolpidem which is a duplicate medication and exceeds the recommended max dosage. Therefore this request is not medically necessary.

Zolpidem 10 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with chronic low back pain with bilateral radiculopathy. The request is for Zolpidem 10mg #30. Zolpidem is a short acting non-benzodiazepine hypnotic sleep agent prescribed for insomnia. The MTUS guidelines are silent but the ODG guidelines state that it should only be used for 2 - 6 weeks for the treatment of insomnia. The patient has used Zolpidem for longer than six weeks and the guidelines do not support continued usage. The patient is being prescribed both brand name Ambien CR and the generic Zolpidem which is a duplicate medication and exceeds the recommended max dosage. Therefore, this request is not medically necessary.

Tramadol ER #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic low back pain with bilateral radiculopathy. The request is for Tramadol ER #150. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4A'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 psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case there are two medical reports submitted for review dated 8/7/14 and 4/10/14. The Ultram is prescribed for once daily. The requested amount appears to be for five months. The physician documents reduction of pain from an 8/10 to a 6/10 with medication usage. The IW is working without restrictions. A CURES report was requested to monitor for aberrant behavior. The physician personally conducted a pharmacologic assessment on 8/18/2014, which provided education and screening for adverse effects. The request for Ultram ER is medically necessary.

Norco 7.5/325 #60: Overturned

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): 74-96.

Decision rationale: The patient presents with chronic low back pain with bilateral radiculopathy. The request is for Norco 7.5/325 #60. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4A'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 psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case there are two medical reports submitted for review dated 8/7/14 and 4/10/14. The physician documents reduction of pain from an 8/10 to a 6/10 with medication usage. The IW is working without restrictions. A CURES report was requested to monitor for aberrant behavior. The physician personally conducted a pharmacologic assessment on 8/18/2014, which provided education and screening for adverse effects. The request for Norco is medically necessary.