

Case Number:	CM14-0199002		
Date Assigned:	12/09/2014	Date of Injury:	11/17/2008
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 35-year-old woman with a date of injury of 11/17/2008. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/19/2014 indicated the worker was experiencing insomnia and lower back pain that went into both feet with numbness, tingling, and spasms. The documented examination described lower back trigger points; decreased motion in the lower back joints; decreased sensation along the paths of the L4 through S1 spinal nerves; and positive Kempf's, Patrick, and valsalva testing on both sides. The submitted and reviewed documentation concluded the worker was suffering from complex regional pain syndrome of the lower back and both legs, chronic pain syndrome, failed back syndrome, anxiety and depression due to pain, menstrual changes, obesity, neuropathic pain in both legs, insomnia due to pain, and constipation due to medications. Treatment recommendations included oral pain medications, weight loss with a recent gastric sleeve procedure, diet modification, home exercise program, PENS, physical therapy, and psychiatry evaluation for possible cognitive behavioral therapy and/or biofeedback. A Utilization Review decision was rendered on 11/19/2014 recommending partial certification for forty-five tablets of Dilaudid (hydromorphone) 8mg with one refill, thirty tablets of MS-Contin (morphine-SR) 60mg, fifteen tablets of Zolpidem tartrate 12.5mg with one refill, and forty-five tablets of Galise (gabapentin) 600mg with one refill. An electrodiagnostic study report dated 09/23/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Dilaudid (Hydromorphone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing insomnia and lower back pain that went into both feet with numbness, tingling, and spasms. The use of this medication raises the worker's total dose of opioids considerably above the 120mg oral morphine equivalents supported by the Guidelines. There was no discussion describing extenuating circumstances that would support its use in this setting. In the absence of such evidence, the current request for ninety tablets of Dilaudid (Hydromorphone) 8mg with one refill is not medically necessary.

MS Contin 60mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: MS-Contin (Morphine-SR) is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work

and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing insomnia and lower back pain that went into both feet with numbness, tingling, and spasms. These records described a significant decrease in pain intensity and improved function with the use of this medication, although many of the elements recommended by the Guidelines were not documented in the pain assessment. The worker also recently had a surgical procedure to help with weight loss, which may further decrease the worker's pain in a fairly short amount of time, and this medication could then be weaned. In light of this supportive evidence, the current request for sixty tablets of MS-Contin (Morphine-SR) 60mg with one refill is medically necessary.

Zolpidem tartrate 12.5mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 33.0. UpToDate. Accessed 01/10/2015. Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/118>

Decision rationale: Zolpidem tartrate is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbated issues should occur. Ambien (Zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation indicated the worker was experiencing insomnia and lower back pain that went into both feet with numbness, tingling, and spasms. There was no documented sleep assessment containing any of the elements recommended by the literature, trial of behavioral intervention, or description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Zolpidem tartrate 12.5mg with one refill is not medically necessary.

Gralise 600mg 90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Gralise (Gabapentin) is a medication in the anti-epilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed documentation indicated the worker was experiencing insomnia and lower back pain that went into both feet with numbness, tingling, and spasms. There was no documentation describing significant decrease in the non-pain nerve symptoms with the use of this medication. Further, electrodiagnostic studies of the legs done on 09/23/2014 found no signs of a neuropathic process. In the absence of such evidence, the current request for ninety tablets of Gralise (Gabapentin) 600mg with one refill is not medically necessary.