MAXIMUS Federal Services

Case Number:	CM14-0207437		
Date Assigned:	02/02/2015	Date of Injury:	06/25/2007
Decision Date:	04/01/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 6/25/07 involving the back. She currently is experiencing back and coccyx pain. Her pain level is 10/10. Medications include Prilosec, Zofran, Norco, Phenergan, Zanaflex and Ambien. Treatments to date include physical therapy (sessions were not complete due to personal issues). In the progress note dated 9/10/14 indicates refilling her Ambien, gabapentin, Zanaflex and Percocet as there is no evidence of abuse, diversion, hoarding or impairment. On 11/19/14 Utilization review non-certified the requests for Ambien 10 mg, 0.5 tablet every night as needed X 60 days # 30 citing ODG-TWC: Pain Procedure Summary; Gabapentin 100 mg, 1 capsule 4 times a day X 30 days # 120; Zanaflex 4 mg 1 tablet every 6 hours as needed X 30 days # 120; Percocet 7.5/ 325 mg 1 tablet 4 times a day as needed X 30 days # 120 citing MTUS: Chronic Pain Medical treatment Guidelines and ODG: Pain Procedure Summary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, 0.5 tab every night PRN x 60 days #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: Pain Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Pain (Chronic) and Topic Zolpidem.

Decision rationale: The 59 year old patient presents with back pain and coccydynia, rated at 10/10, as per progress report dated 09/10/14. The request is for AMBIEN 10 mg 0.5 TAB EVERY NIGHT PRN X 60 DAYS # 30. There is no RFA for this case, and the patient's date of injury 06/25/07. Medications, as per progress report dated 09/10/14, included Prilosec, Zofran, Norco, Phenergan, Zanaflex and Ambien. Diagnoses included radiculopathy, lumbar spine pain, trochanteric bursitis, failed back syndrome, myositis and degenerative disc disease of the lumbar spine. In progress report dated 06/18/14, the patient complains of low back and lower extremity pain. The reports do not document the patient's work status. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, only two progress reports dated, 09/10/14 and 06/18/14, have been provided for review, and both the reports document the use of Ambien. In progress report dated 09/10/14, the treater states that Ambien is for sleep and the medication helps without any side effects. ODG guidelines, however, recommend Ambien only for short-term use of 7-10 days and the current request of 30 pills exceeds that recommendation. Hence, it IS NOT medically necessary.

Gabapentin 100mg, 1 cap QID x 30days #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: The 59 year old patient presents with back pain and coccydynia, rated at 10/10, as per progress report dated 09/10/14. The request is for GABAPENTIN 100 mg 1 CAP Q10 X 30 DAYS # 120. There is no RFA for this case, and the patient's date of injury 06/25/07. Medications, as per progress report dated 09/10/14, included Prilosec, Zofran, Norco, Phenergan, Zanaflex and Ambien. Diagnoses included radiculopathy, lumbar spine pain, trochanteric bursitis, failed back syndrome, myositis and degenerative disc disease of the lumbar spine. In progress report dated 06/18/14, the patient complains of low back and lower extremity pain. The reports do not document the patient's work status. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, only two progress reports dated, 09/10/14 and 06/18/14, have been provided for review, and none of the reports document the use of Gabapentin. The patient suffers from back pain and coccydynia.

However, there is no diagnosis of neuropathic pain for which Gabapentin is indicated. Hence, the request IS NOT medically necessary.

Zanaflex 4mg, 1 tab Q 5 hours PRN x 30 days #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 59 year old patient presents with back pain and coccydynia, rated at 10/10, as per progress report dated 09/10/14. The request is for ZANAFLEX 4 mg, 1 TAB Q 5 HOURS PRN X 30 DAYS # 120. There is no RFA for this case, and the patient's date of injury 06/25/07. Medications, as per progress report dated 09/10/14, included Prilosec, Zofran, Norco, Phenergan, Zanaflex and Ambien. Diagnoses included radiculopathy, lumbar spine pain, trochanteric bursitis, failed back syndrome, myositis and degenerative disc disease of the lumbar spine. In progress report dated 06/18/14, the patient complains of low back and lower extremity pain. The reports do not document the patient's work status. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state, "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, only two progress reports dated, 09/10/14 and 06/18/14, have been provided for review, and Zanaflex is noted in both the progress reports. The treater, however, does not specifically document an improvement in pain or function due to the medication. Although most muscle relaxants are approved for short-term use, Zanaflex can be used for extended period of time. Nonetheless, given the lack of documentation about efficacy, this request IS NOT medically necessary.

Percocet 7.5/325mg, 1 tab QID PRN x 30 days #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78-88-89, 90.

Decision rationale: The 59 year old patient presents with back pain and coccydynia, rated at 10/10, as per progress report dated 09/10/14. The request is for PERCOCET 7.5/325 mg, 1 TAB QID PRN X 30 DAYS # 120. There is no RFA for this case, and the patient's date of injury 06/25/07. Medications, as per progress report dated 09/10/14, included Prilosec, Zofran, Norco, Phenergan, Zanaflex and Ambien. Diagnoses included radiculopathy, lumbar spine pain, trochanteric bursitis, failed back syndrome, myositis and degenerative disc disease of the lumbar spine. In progress report dated 06/18/14, the patient complains of low back and lower extremity pain. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89

states, "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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only two progress reports dated, 09/10/14 and 06/18/14, have been provided for review, and both the reports do not document the use of Percocet. However, the Norco has been listed in both the reports. In progress report dated 09/10/14, the treater states that they monitor all the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, on a regular basis. The treater also states that "We monitor patient compliance by means of CURES reports and Urine Drug Screening." However, none of these reports are provided for review. The treater does not document any changes in pain scale due to Norco use neither does the treater use a validated scale to demonstrate a measurable increase in function. The treater does not list the side effects of Norco as well. MTUS requires clear discussion regarding the 4As for continued opioid use. Hence, this request IS NOT medically necessary.