

Case Number:	CM15-0000451		
Date Assigned:	01/12/2015	Date of Injury:	04/14/2003
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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 male patient, who sustained an industrial injury on 04/14/2003. A pain management office visit dated 10/17/2014 reported a chief complaint of chronic lower back pain. The patient is prescribed the following medications; hydrocodone/APAP, Lidoderm Patches 5 %, Ambien and Zanaflex. Physical examination found gait mildly antalgic and strength to bilateral extremities is grossly 5/5. The impression was chronic lower back pain, severe myofascial pain, chronic insomnia, opioid dependence and anxiety. The plan of care involved continuing home exercise program and walking program and follow up in four weeks. The patient is not working at this time. The following visit dated 11/13/2014 reported the patient having difficulty sitting down and standing up from the chair. Gait continues as antalgic. The diagnoses are; chronic lower back pain and flareup and lumbosacral degenerative disc disease. On 12/23/2014 Utilization Review non-certified a request for hydrocone/APAP, Tizanidine, Anmbien, lidoderm patch and one time evaluation from psychotherapy, noting CA MTUS Chronic Pain Guidelines. the injured worker submitted an application for IMR review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Hydrocodone/APAP 10/325mg #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.

Decision rationale: The patient presents with low back pain, rated at 6/10, that radiates to the left lower extremity all the way to his foot, as per progress report dated 12/12/14. The request is for 1 PRESCRIPTION OF HYDROCODONE/APAP 10/325 mg # 120. The patient has been diagnosed with lumbosacral degenerative disc disease and chronic pain syndrome as well. Medications, as per the same progress report, include Norco, Tizanidine and Ambien. Lumbar MRI, as per progress report dated 07/10/14, reveals degenerative disc disease at L3-4 with paracentral disc protrusion and left lateral canal narrowing. The patient is not working, as per progress report dated 09/18/14. 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. In this case, a prescription for Vicodin was first noted in progress report dated 01/24/13. This was changed to Norco in the 02/07/13 progress report. The patient has been consistently receiving Norco or Hydrocodone at least since then. In progress report dated 01/24/13, the treater states that medications help lower pain from 7/10 to 2/10. In the same report, he also states that medications help the patient to "go to work/volunteer each day. Normal daily activities each day. Has a social life outside of work. Take an active part in family life." The patient was working full duty at that time. In progress report dated 05/14/14, the treater states that the patient reinjured his back. Although the patient continued to take Hydrocodone, none of the subsequent reports document a change in pain scale or an improvement in function. The patient is not working now, as per progress report dated 09/18/14. He has also been diagnosed with opioid dependence, as per the same progress report. While an UDS report dated 02/08/13 was consistent with Norco use, there are no new reports available for review. The treater does not document CURES reports and side effects due opioid use. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued Hydrocodone use, at least once every 6 months. This request IS NOT medically necessary.

(1) Prescription of Tizanidine 4mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with low back pain, rated at 6/10, that radiates to the left lower extremity all the way to his foot, as per progress report dated 12/12/14. The request is for 1 PRESCRIPTION OF TIZANIDINE 4 mg # 60 WITH 5 REFILLS. The patient has been

diagnosed with lumbosacral degenerative disc disease and chronic pain syndrome as well. Medications, as per the same progress report, include Norco, Tizanidine and Ambien. Lumbar MRI, as per progress report dated 07/10/14, reveals degenerative disc disease at L3-4 with paracentral disc protrusion and left lateral canal narrowing. The patient is not working, as per progress report dated 09/18/14. MTUS Guidelines pages 63 through 66 state "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, Tizanidine is first noted in progress report dated 08/21/14. The patient had been taking Zanaflex (another muscle relaxant) for a while before switching ---- although the exact date of switch is not clear. In progress report dated 08/21/14, the treater states that the medication is for "muscle spasms" but does not document an improvement in function or a reduction in pain due to Tizanidine use in any of the reports. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. This request IS NOT medically necessary.

(1) Prescription of Ambien 5mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia treatment

Decision rationale: The patient presents with low back pain, rated at 6/10, that radiates to the left lower extremity all the way to his foot, as per progress report dated 12/12/14. The request is for 1 PRESCRIPTION OF AMBIEN 5 mg # 60 WITH 5 REFILLS. The patient has been diagnosed with lumbosacral degenerative disc disease and chronic pain syndrome as well. Medications, as per the same progress report, include Norco, Tizanidine and Ambien. Lumbar MRI, as per progress report dated 07/10/14, reveals degenerative disc disease at L3-4 with paracentral disc protrusion and left lateral canal narrowing. The patient is not working, as per progress report dated 09/18/14. 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, a prescription for Ambien is first noted in progress report dated 01/24/13, and the patient has been taking the medication consistently since then. The patient does have sleep disturbances secondary to chronic pain. In progress report dated 08/21/14, the treater states that "Ambien helps with his sleep." However, the patient has been taking the medication for a long time and the current request for 60 pills with 5 refills further exceeds the 7-10 days use recommended by the ODG guidelines, due to negative side effect profile. This request IS NOT medically necessary.

(1) Prescription of Lidoderm 5% (2 boxes) with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, lidoderm patches

Decision rationale: The patient presents with low back pain, rated at 6/10, that radiates to the left lower extremity all the way to his foot, as per progress report dated 12/12/14. The request is for 1 PRESCRIPTION OF AMBIEN 5 mg # 60 WITH 5 REFILLS. The patient has been diagnosed with lumbosacral degenerative disc disease and chronic pain syndrome as well. Medications, as per the same progress report, include Norco, Tizanidine and Ambien. Lumbar MRI, as per progress report dated 07/10/14, reveals degenerative disc disease at L3-4 with paracentral disc protrusion and left lateral canal narrowing. The patient is not working, as per progress report dated 09/18/14. 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, a prescription for Ambien is first noted in progress report dated 01/24/13, and the patient has been taking the medication consistently since then. The patient does have sleep disturbances secondary to chronic pain. In progress report dated 08/21/14, the treater states that "Ambien helps with his sleep." However, the patient has been taking the medication for a long time and the current request for 60 pills with 5 refills further exceeds the 7-10 days use recommended by the ODG guidelines, due to negative side effect profile. This request IS NOT medically necessary.

(1) Prescription of 1 Referral to Dr. Miller for risk management Psychotherapy: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with low back pain, rated at 6/10, that radiates to the left lower extremity all the way to his foot, as per progress report dated 12/12/14. The request is for 1 PRESCRIPTION OF 1 REFERRAL TO Dr. M FOR RISK MANAGEMENT PSYCHOTHERAPY. He has been diagnosed with lumbosacral degenerative disc disease and chronic pain syndrome as well. Medications, as per the same progress report, include Norco, Tizanidine and Ambien. Lumbar MRI, as per progress report dated 07/10/14, reveals

degenerative disc disease at L3-4 with paracentral disc protrusion and left lateral canal narrowing. The patient is not working, as per progress report dated 09/18/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In progress report dated 12/12/14, the treater requests for psychotherapy referral to Dr.M as the patient "has been taking opioid medications for a long period of time." In the same report, the patient reports of being depressed for sometime before feeling better again. He also has sleep disturbances. A psychotherapist may help diagnose and manage the condition effectively. Hence, a referral appears reasonable and IS medically necessary.