MAXIMUS Federal Services

Case Number:	CM15-0000782		
Date Assigned:	01/12/2015	Date of Injury:	06/16/2011
Decision Date:	03/09/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 37 year old male, who sustained an industrial injury on June 16, 2011. He has reported injury to the left knee and head after a bed frame fell and hit him on the head. The diagnoses have included degenerative lumbar intervertebral disc disease, medial meniscus left knee derangement, cervicalgia, displacement of lumbar disc without myelopathy, muscle spasm, post-laminectomy syndrome of lumbar region, and cervicocranial syndrome. Treatment to date has included medications, physical therapy, back bracing, and a cane for ambulation, radiological imaging, activity modification, epidural injections, and back surgery. Currently, the IW complains of increased back pain, gastrointestinal issues such as nausea and diarrhea, left foot numbness, interrupted sleep, side effects of dizziness from Nucynta, and continued left leg symptoms. Current medications are listed as: Ambien, Celebrex, Lyrica, Nexium, and Zoloft. The medical records do indicate he has gastrointestinal issues, however it is not indicated if other proton pump inhibitors had been tried. The records indicate the Ambien has been prescribed on or before July 2014. The records indicate the Norco has been prescribed on or before July 2014. On December 8, 2014, Utilization Review non-certified a Nexium 40 mg by mouth every day, quantity #30, and Ambien 10 mg, one (1) by mouth at bedtime, quantity #30, and Norco 7.5/325 by mouth every day, as needed, quantity #30, noting the MTUS, Chronic Pain Medical Treatment, and ODG guidelines. On December 30, 2014, the injured worker submitted an application for IMR for review of Nexium 40 mg by mouth every day, quantity #30, and Ambien 10 mg, one (1) by mouth at bedtime, quantity #30, and Norco 7.5/325 by mouth every day, as

needed, quantity #30. The primary diagnosis listed on the application is degenerative lumbar disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Nexium is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events.

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia: This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means, they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patients sleep issue. There is no documentation and characterization of recent sleep issues with the patient.

Norco 7.5/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain , Jane C. Ballantyne, M.D, and Jianren Mao M.D, Ph.DN Engl J Med 203; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411http://www.americanpainsociety.or/uploads/pdfs/Opioid_Final_Evidence_Report.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: 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 since 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A'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 psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These 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. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of return to work or improvement of activity of daily living.