MAXIMUS Federal Services

Case Number:	CM15-0001281		
Date Assigned:	01/12/2015	Date of Injury:	01/26/1996
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
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: California, Hawaii
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 patient is a 58 year old female who sustained a work related injury to her back and knee on January 26, 1996. There was no mechanism of injury documented. The injured worker was diagnosed with post lumbar laminectomy syndrome, chronic pain syndrome, thoracic/lumbar neuritis/radiculopathy and osteoarthrosis lower leg. There is no documented date of lumbar spine surgery. The injured worker underwent a magnetic resonance imaging (MRI) of the lumbar spine on July 30, 2014. When compared to a prior study in August 2012, the impression noted postsurgical changes and no substantial interval changes. A 3mm right paracentral and right foraminal disc protrusion with abutment of the descending L3 nerve root and exiting right L2 nerve root were noted. The patient continues to experience low back pain with numbness and weakness of the bilateral lower extremities, burning and numbness of the feet, and bilateral knee pain right knee greater than left. According to the primary treating physician's progress report on August 6, 2014 the evaluation was unchanged from previous visits. Current medications consist of Ambien CR, Baclofen, MS Contin 15mg and Roxicodone. Current treatment modalities consist of Euflexxa injections to the right knee times 3 in early 2014 and pool exercises. The injured worker ambulates with a walker and unloader brace to the right knee.The treating physician requested authorization for Ambien CR 12.5mg 1 tab at bedtime, Baclofen 10mg 1 tab daily, Diovan 160mg 1 tab daily , MS Contin 15mg 1 tab every 12 hours as needed , Roxicodone 15mg 1 tab every 4 hours as needed and Roxicodone 30mg 1 tab every 4 hours as needed.On December 17, 2014 the Utilization Review denied certification for Ambien CR 12.5mg 1 tab at bedtime, Baclofen 10mg 1 tab daily, Diovan 160mg 1 tab daily , MS Contin 15mg 1 tab every 12

hours as needed, Roxicodone 15mg 1 tab every 4 hours as needed and Roxicodone 30mg 1 tab every 4 hours as needed.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the Official Disability Guidelines (ODG) and Drugs.com.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg: Upheld

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

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

Decision rationale: The patient presents with low back pain with numbness and weakness of the bilateral lower extremities, burning and numbness of the feet, and bilateral knee pain right knee greater than left. The current request is for Ambien CR 12.5mg. The treating physician states in their 8/6/14 (11b) report to "continue/refill medications with no change at this time." Ambien (zolpidem) is a sedative, also called a hypnotic. It affects chemicals in your brain that may become unbalanced and cause sleep problems (insomnia). The MTUS and ACOEM Guidelines do not address Ambien; however, ODG state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. However, even if the requested medication were deemed medically necessary the current request is not a valid prescription. The current request is for an unknown quantity and duration of use which is not supported by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Baclofen 10mg: Upheld

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

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

Decision rationale: The patient presents with low back pain with numbness and weakness of the bilateral lower extremities, burning and numbness of the feet, and bilateral knee pain right knee greater than left. The current request is for Baclofen 10mg. The treating physician states in their 8/6/14 (11b) report to "continue/refill medications with no change at this time." Baclofen is a muscle relaxer and an antispastic agent. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there

is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, the treating physician is prescribing a refill of Baclofen which is only supported for short term usage of 2-3 weeks. The current request is for an unknown quantity and MTUS does not support long term usage of this medication. The request is not medically necessary and the recommendation is for denial.

Diovan 160mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/diovan.html

Decision rationale: The patient presents with low back pain with numbness and weakness of the bilateral lower extremities, burning and numbness of the feet, and bilateral knee pain right knee greater than left. The current request is for Diovan 160mg. The treating physician states in their 8/6/14 (11b) report to "continue/refill medications with no change at this time." Diovan (valsartan) is an angiotensin II receptor antagonist. Valsartan keeps blood vessels from narrowing, which lowers blood pressure and improves blood flow. The MTUS, ACOEM and ODG guidelines are silent regarding Diovan. Drugs.com states Diovan is used as follows: Diovan is used to treat high blood pressure(hypertension) in adults and children who are at least 6 years old. It is also used in adults to treat heart failure, and to lower the risk of death after a heart attack. Here, however we find that even if the requested medication were deemed medically necessary the current request would still be denied. The current request is for an unknown count and/or duration of use therefore could not be approved even if the clinical history supported the medical necessity. Recommendation is for denial.

MS Contin 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Opioids, Page(s): Pg. 76-78, 88-89.

Decision rationale: The patient presents with low back pain with numbness and weakness of the bilateral lower extremities, burning and numbness of the feet, and bilateral knee pain right knee greater than left. The current request is for MS Contin 15mg. The treating physician states in their 8/6/14 (11b) report to "continue/refill medications with no change at this time." MS Contin (morphine) is an opioid pain medication. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "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, one cannot tell that the patient is doing any better with chronic opiate use. There is no documentation of functional improvement with MS Contin usage and there is no documentation of improvement in ADLs or any of the required documentation for ongoing opioid usage. However, even if the opiate were deemed medically necessary the current request would still be denied. The current request is for an unknown quantity and duration which is not supported by MTUS or IMR guidelines. The current request is not medically necessary and the recommendation is for denial.

Roxicodone 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Opioids, Page(s): Pg. 76-78, 88-89.

Decision rationale: The patient presents with low back pain with numbness and weakness of the bilateral lower extremities, burning and numbness of the feet, and bilateral knee pain right knee greater than left. The current request is for Roxicodone 30mg. The treating physician states in their 8/6/14 (11b) report to "continue/refill medications with no change at this time." Roxicodone is a narcotic pain reliever. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "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, one cannot tell that the patient is doing any better with chronic opiate use. There is no documentation of functional improvement with Roxicodone usage and there is no documentation of improvement in ADLs or any of the required documentation for ongoing opioid usage. However, even if the opiate were deemed medically necessary the current request would still be denied. The current request is for an unknown quantity and duration which is not supported by MTUS or IMR guidelines. The current request is not medically necessary and the recommendation is for denial.

Roxicodone 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Opioids, Page(s): Pg. 76-78, 88-89.

Decision rationale: The patient presents with low back pain with numbness and weakness of the bilateral lower extremities, burning and numbness of the feet, and bilateral knee pain right

knee greater than left. The current request is for Roxicodone 15mg. The treating physician states in their 8/6/14 (11b) report to "continue/refill medications with no change at this time." Roxicodone is a narcotic pain reliever. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "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, one cannot tell that the patient is doing any better with chronic opiate use. There is no documentation of functional improvement with Roxicodone usage and there is no documentation of improvement in ADLs or any of the required documentation for ongoing opioid usage. However, even if the opiate were deemed medically necessary the current request would still be denied. The current request is for an unknown quantity and duration which is not supported by MTUS or IMR guidelines. The current request is not medically necessary and the recommendation is for denial.