

Case Number:	CM15-0100704		
Date Assigned:	06/03/2015	Date of Injury:	12/14/2000
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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 York
 Certification(s)/Specialty: Internal 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 57 year old male who sustained an industrial injury on 12/14/00. The mechanism of injury is unclear. He currently complains of low back pain with radiation into the lower extremities with numbness, tingling and weakness. He has had recent falls due to back pain. He is in the process of acquiring a wheeled walker. On physical exam of the lumbar spine there was mild tenderness to palpation at lumbar paraspinus muscles, pain with axial loading of lumbar facet joints bilaterally with decreased range of motion. Medications are Ambien, Cymbalta, Norco, Soma, Zanaflex, Morphine Sulfate, and Lyrica. Diagnoses include lumbar disc displacement without myelopathy; lumbago; lumbar discopathy. Treatments to date include physical therapy; medications. Diagnostics include MRI lumbar spine (10/4/11) showing mild bilateral foraminal stenosis, multilevel hypertrophic facet changes; lumbar discogram (11/25/03) abnormal; MRI lumbar spine (11/19/02) showing mild multilevel foraminal stenosis; discography (11/25/03). In the progress note dated 4/2/15 the treating provider requested Ambien 5 mg # 30; Norco 10/325 mg # 90; Soma 350 mg # 90; Zanaflex 4 mg # 90; Morphine Sulfate ER 60 mg # 120; Lyrica 100 mg # 60. The provider notes that the medications are for pain relief and that morphine sulfate provides 50-60% reduction in back and leg pain enabling him to carry out his activities of daily living; Lyrica provides radicular symptom relief; Cymbalta helps with back and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg Qty 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 (chronic) - Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Given that the injured worker has chronic low back pain with no documented diagnosis of sleep disorder, the medical necessity for continued use of Ambien has not been established. Physician reports also fail to show adequate functional improvement on current medication regimen. The request for Ambien 5 mg Qty 30 is not medically necessary based on guidelines.

Norco 10/325 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325 mg Qty 90 is not medically necessary.

Morphine Sulfate ER (extended release) 60 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR; generic available, except extended release capsules).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances. MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Physician reports indicate the injured worker is prescribed Norco in addition to Morphine Sulfate ER at a dose exceeding the daily Morphine equivalent. Although the injured worker is stated to report improvement in pain with Morphine Sulfate ER, documentation at the time of requested service fails to demonstrate adequate improvement in level of function or quality of life to support the medical necessity for continued opioid use. The request for Morphine Sulfate ER (extended release) 60 mg Qty 120 is not medically necessary by MTUS.

Soma 350 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Soma. The request for Soma 350 mg Qty 90 is not medically necessary per MTUS guidelines.

Zanaflex 4 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

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

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is FDA approved for management of spasticity and its use for low back pain is unlabeled. The injured worker complains of chronic radicular low back pain. Documentation fails to indicate acute exacerbation or significant improvement in pain or functional status to justify continued use of Zanaflex. The request for Zanaflex 4 mg Qty 90 is not medically necessary per MTUS guidelines.

Lyrica 100 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin (Lyrica).

Decision rationale: ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and postherpetic neuralgia. The injured worker complains of chronic radicular low back pain treated with Lyrica. Of note, there is still the opportunity to maximize the dose of this medication. The recommendation for ongoing use of Lyrica is reasonable and clinically appropriate. The request for Lyrica 100 mg Qty 60 is medically necessary per guidelines.