

Case Number:	CM15-0105884		
Date Assigned:	06/10/2015	Date of Injury:	06/30/2008
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: Pennsylvania
 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 49-year-old male who sustained an industrial injury on 06/30/2008. He was diagnosed with postlaminectomy pain syndrome and persistent lumbar radiculopathy. Physician reports describe ongoing pain and poor function. Ibuprofen, soma, norco, ambien, omeprazole, and oyxcontin have been prescribed since at least September 2014. According to a progress report dated 12/03/2014, the injured worker presented with arm, back, foot, leg, neck and shoulder pain and hand problems. It was noted regarding activities of daily living that the injured worker was able to get out of bed. The treating physician documented that the injured worker was currently not a surgical candidate. He continued to suffer from severe panic attacks, anxiety and depression related to his condition. A psychiatric professional saw him regularly. He continued to require a wheelchair to mobilize. His neurogenic symptoms had been stable, including bilateral foot drop with right side worse than left. He reported progressively worsening weakness in his lower extremities. The injured worker had fallen 6 times over the past 3 years due to non-handicap access. He was having problems in the restroom as well. He had one major fall in the shower within the prior 3 months. He fell on outstretched arms and hurt his bilateral wrist and shoulders. He was currently wearing wrist support on the left hand. He reported a 10 percent decrease in pain on current regimen. Pain was rated 9 on a scale of 1-10 in the low back and bilateral lower extremities. The physician noted that the last urine drug screen was appropriate. Diagnoses included dysthymic disorder, chronic pain syndrome, and post laminectomy lumbar and lumbar or thoracic radiculopathy. The treatment plan included Soma, Ibuprofen, Norco, Ambien, Omeprazole and OxyContin. The physician noted that the injured worker continued to get significant analgesia and functional benefit from medication,

without further discussion. He did not report side effects or display drug aberrant behavior. He was to continue regular psychiatrist appointments. Currently under review is the request for Omeprazole 20mg quantity 60 with two refills, Ambien 10mg quantity 30 with two refills, Norco 10/325mg quantity 180 and Oxycontin 15mg quantity 90. On 5/19/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed ibuprofen, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these conditions was noted to be present for the injured worker. The physician noted heartburn and nausea on review of systems, without further discussion. There are no medical reports that adequately describe signs and symptoms of possible GI (gastrointestinal) disease. No abnormal findings on examination of the abdomen were noted. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after in the absence of sufficient evaluation is not indicated. If one were to presume that a medication were to be the cause of the undescribed gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Due to lack of specific indication, the request for omeprazole is not medically necessary.

Ambien 10mg quantity 30 with two refills: 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 Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, Ambien.

Decision rationale: This injured worker has been prescribed ambien for at least two months. There was no discussion of insomnia or sleep issues. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short-term use only. The Official Disability Guidelines citation recommends short-term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. The quantity prescribed is for a one-month supply with two refills, which is in excess of the guidelines. Due to length of use in excess of the guideline recommendations, and lack of documentation of evaluation for sleep disturbance, the request for ambien is not medically necessary.

Norco 10/325mg quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic multifocal pain. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals or return to work. One urine drug screen was noted to be consistent; date and results of testing were not submitted. No opioid contract was submitted or discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The treating physician did discuss pain level, side effects, and aberrant behavior. The documentation does not reflect improvement in pain. Specific change in activities of daily living was not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Oxycontin 15mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic multifocal pain. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals or return to work. One urine drug screen was noted to be consistent; date and results of testing were not submitted. No opioid contract was submitted or discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The treating physician did discuss pain level, side effects, and aberrant behavior. The documentation does not reflect improvement in pain. Specific change in activities of daily living was not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.