MAXIMUS Federal Services

Case Number:	CM15-0106588		
Date Assigned:	07/22/2015	Date of Injury:	03/04/2002
Decision Date:	09/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female patient, who sustained an industrial injury on March 4, 2002. She reported a lumbar spine injury. The diagnoses include insomnia unspecified, thoracic-lumbosacral neuritis-radiculitis unspecified, postlaminectomy syndrome lumbar region, dysthymic disorder, intervertebral disc disorder-myelopathy unspecified region, displacement lumbar disc without myelopathy, and displacement disc site unspecified without myelopathy. Comorbid diagnoses included history of depression, obstructive sleep apnea, hypothyroidism, inflammatory liver disease, hyperlipidemia, and non-steroidal anti-inflammatory drug-induced gastritis. Per the doctor's note dated 6/30/15, she had back pain and make efforts towards losing weight. The physical examination revealed lumbar tenderness and tightness, bending at waist 80, extension 10 degrees and lateral bending 75% of the normal. Per the doctor's note dated 4/29/15, she had complaints of ongoing depression and low back pain. She complained of difficulty obtaining her Cymbalta and Abilify for her depression due to coverage issues. She reported the medications make her feel better and her weekly psychiatric care was helpful. She reported to feeling a little less back pain when she was calm and relaxed. She had complaints of tight, heavy back pain worse with prolonged sitting, stooping, and bending. Her pain was rated: 5-6/10 with 3 Norco daily and 8-9/10 without Norco. The neuropsychiatric exam revealed that she was smiling and interacted appropriately throughout the visit. The spine examination revealed a straight spine, mild spasms of the right-side of thoracic spine, moderate spasms of the right side of the mid thoracic spine, waist flexion to 90 degrees, unachievable extension, and 75% of full lateral rotation bilaterally. The medications list includes norco, cymbalta, abilify and

ambien. She has had a urine toxicology report on January 5, 2015, which was positive for Hydrocodone, norhydrocodone, Carisprodol, Meprobamate, and acetaminophen (consistent with her prescribed medications); urine toxicology report dated 4/1/15 with consistent findings. She has undergone a lumbar fusion in 2011. She has had MRI of the lumbar spine on 9/16/2014 which revealed postsurgical changes consistent with lumbar 5-sacral 1 posterior spinal instrumentation and fusion and interbody spacer placement, minimal degenerative changes of the lumbar spine without significant central spinal stenosis or neural foraminal narrowing. She has had psychotherapy, cognitive behavioral therapy, a functional capacity evaluation, and medications. There were no noted previous injuries or dates of injury. Work status: She is not working currently. The treatment plan includes continuing Norco, Ambien, and Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Page 75-80, Opioids page 74, Short-acting opioids page 75 Page(s): 74-96.

Decision rationale: Norco 10/325mg #150. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below: "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition, according to the cited guidelines: "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Patient had ongoing pain and disability associated with injury to the lumbar spine. She has objective findings on the physical examination- tenderness, tightness and decreased range of motion. She has history of lumbar spine surgery. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...." Patient is already taking Cymbalta (non-opioid medications). Patient had urine drug screen reports with consistent findings. Therefore, based on the clinical information obtained for this review the request for Norco 10/325mg #150 is deemed medically appropriate and necessary for this patient at this time.

Abilify 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 08/31/15) Aripiprazole (Abilify) Aripiprazole is an antipsychotic.

Decision rationale: Abilify 10mg #30. Per the cited guidelines abilify (aripiprazole) is "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)." Evidence of schizophrenia and acute mania is not specified in the records provided. The cited guidelines do not recommend aripiprazole for this diagnosis as a first line therapy. Failure of first line therapy for major depression is not specified in the records provided. The medical necessity of Abilify 10mg #30 is not fully established for this patient and the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter : Pain (updated 09/08/15) Zolpidem (Ambien).

Decision rationale: Ambien 10mg #30. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only.CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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. There is also a concern that they may increase pain and depression over the long-term." A detailed rationale for the long term use of Ambien was not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #30 is not fully established for this patient at this time and the request is not medically necessary.