

Case Number:	CM15-0108652		
Date Assigned:	06/15/2015	Date of Injury:	08/25/1988
Decision Date:	09/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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

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:

This is a 55 year old male with an August 25, 1998 date of injury. A progress note dated May 13, 2015 documents subjective findings (increased pain; neck continues to hurt; radiates to the right hand; right hand numbness getting worse; dropping things; getting headaches from the neck pain), objective findings (using a power wheelchair; cervical range of motion limited in all planes, right worse than left; shoulder range of motion limited in the extremes of the motion bilaterally), and current diagnoses (chronic neck pain; cervical degenerative disc disease; bilateral upper extremity radicular pain; history of traumatic brain injury with multiple facial fractures; chronic pain syndrome; tension headaches). Treatments to date have included cervical spine fusion, medications, and trigger point injections. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Ambien, Trazodone, Gabapentin, Oxycodone, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Zolpidem (Ambien).

Decision rationale: The patient was injured on 08/25/88 and presents with neck pain which radiates to the right hand and right hand numbness. The request is for AMBIEN 5 MG #60 WITH 5 REFILLS for sleep. The RFA is dated 05/14/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 11/19/14. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, Mental Illness and Stress Chapter, under Zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults". The patient has a limited cervical spine range of motion and a limited shoulder range of motion. He is diagnosed with chronic neck pain, cervical degenerative disc disease, and bilateral upper extremity radicular pain, history of traumatic brain injury with multiple facial fractures, chronic pain syndrome, opioid dependence, and tension headaches. The 03/18/15 report states that the patient "is having difficulty sleeping". ODG Guidelines support the use of Zolpidem for 7 to 10 days for insomnia. In this case, the patient has been taking Ambien since 11/19/14, which exceeds the 7-10 days recommended by ODG Guidelines. The requested Ambien is not medically necessary.

Trazodone 10mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 13-15.

Decision rationale: The patient was injured on 08/25/88 and presents with neck pain which radiates to the right hand and right hand numbness. The request is for Trazodone 10 MG #60 with 5 refills for sleep, wake cycles, and depression associated with the pain. The utilization review denial rationale is that "there was no documentation of an objective decrease in pain or objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality/duration, and psychological assessments". The RFA is dated 05/14/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 11/19/14. Regarding antidepressants, MTUS Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are

ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur". Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. The patient has a limited cervical spine range of motion and a limited shoulder range of motion. He is diagnosed with chronic neck pain, cervical degenerative disc disease, and bilateral upper extremity radicular pain, history of traumatic brain injury with multiple facial fractures, chronic pain syndrome, opioid dependence, and tension headaches. The 03/18/15 report states that "Trazodone helps with his sleep, wake cycles, and depression associated with the pain... [is] needed for his functioning". MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. Given that Trazodone helps the patient's depression and insomnia, the requested Trazodone is medically necessary.

Gabapentin 600mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19, 60.

Decision rationale: The patient was injured on 08/25/88 and presents with neck pain which radiates to the right hand and right hand numbness. The request is for gabapentin 600 mg #90 with 5 refills. The RFA is dated 05/14/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 11/19/14. MTUS Guidelines, Gabapentin, pages 18 and 19 revealed the following: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain". MTUS page 60 also states, "A record of pain and function with the medication should be recorded", when medications are used for chronic pain. The patient has a limited cervical spine range of motion and a limited shoulder range of motion. He is diagnosed with chronic neck pain, cervical degenerative disc disease, and bilateral upper extremity radicular pain, history of traumatic brain injury with multiple facial fractures, chronic pain syndrome, opioid dependence, and tension headaches. The 11/19/14 report states that "the medications help him" he denies having any side effects to them. On 01/21/15, the patient rated his pain as a 6/10. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. Due to lack of documentation, the request is not medically necessary.

Oxycodone 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 08/25/88 and presents with neck pain which radiates to the right hand and right hand numbness. The request is for OXYCODONE 80 MG #60. The RFA is dated 05/14/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 11/19/14. Treatment reports are provided from 11/19/14 to 05/13/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. The 11/19/14 report states that 'the medications help him' he denies having any side effects to them. On 01/21/15, the patient rated his pain as a 6/10. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. There are no urine drug screens provided to show if the patient is compliant with his prescribed medications. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycodone is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 08/25/88 and presents with neck pain which radiates to the right hand and right hand numbness. The request is for Norco 10/325 MG #240. The RFA is dated 05/14/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 11/19/14. Treatment reports are provided from 11/19/14 to 05/13/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. The 11/19/14 report states that "the medications help him" he denies having any side effects to them. On 01/21/15, the patient rated his pain as a 6/10. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There is no pain

management issues discussed such as cures report, pain contract, et cetera. There are no urine drug screens provided to show if the patient is compliant with his prescribed medications. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.