

Case Number:	CM15-0135084		
Date Assigned:	07/23/2015	Date of Injury:	03/22/2009
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of March 22, 2009. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve requests for Dulcolax, Motrin, Cymbalta, and Norco. The claims administrator referenced a progress note and an associated RFA form of April 17, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form of April 17, 2015, Norco, Ambien, Cymbalta, Motrin, and Dulcolax were all endorsed. In an associated progress note of the same date, the applicant reported ongoing complaints of low back pain with derivative complaints of depression. 6-7/10 pain complaints were noted. The applicant was on Norco, Motrin, Cymbalta, Colace, and Ambien, it was reported. The applicant stood 5 feet 3 inches tall and weighed 245 pounds; it was stated in one section of the note. The applicant was asked to try and lose weight. Multiple medications were renewed. The applicant was asked to consult a surgeon. It was suggested (but not clearly stated) that the applicant was reporting mostly complaints of pain resulting in periodic absences from the workplace. The requesting provider, a family practitioner/pain management physician, seemingly suggested that the applicant consult a spine specialist to address issues with neuroforaminal stenosis. The attending provider seemingly stated that the claimant could have been a surgical candidate were it not for superimposed issues with obesity. The attending provider contended that Motrin and Norco were effectively attenuating the applicant's pain complaints by 30% to 50%, admittedly in a somewhat templated manner. A medical-legal evaluator reported on May 5, 2015 that the

applicant was seemingly working on that date, although the applicant reportedly importuned the medical-legal evaluator to place the applicant off of work so that she could focus her efforts on trying to lose weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ducolax 100 mg Qty 60: Overturned

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 3) Initiating Therapy Page(s): 77.

Decision rationale: Yes, the request for Dulcolax, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatments of constipation should be initiated in applicants using opioids. Here, the applicant was, in fact, using Norco, an opioid agent, as of the date in question, April 17, 2015. The applicant had reportedly developed actual symptoms of constipation associated with ongoing Norco usage; it was reported on that date. Concomitant provision with a laxative agent, Dulcolax, was, thus, indicated here. Therefore, the request was medically necessary.

Ambien 12.5 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 - Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines.

Decision rationale: Conversely, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore furnish compelling evidence to support such usage, The Food and Drug Administration notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, continued usage of Ambien ran counter to the FDA label. In a similar vein, ODGs Mental Illness and Stress Chapter Zolpidem topic notes that Ambien is not recommended

for the long-term treatment of insomnia but, rather is, reserved for short-term use purposes. Here, thus, the renewal request for Ambien, in effect, represented treatment which ran counter to both FDA and ODG parameters. The attending provider failed to furnish a clear or compelling rationale for continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.

Norco 10/325 mg Qty 210: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while it was suggested that the applicant had returned to work on an office visit of April 17, 2015 and on a medical-legal evaluation dated May 5, 2015, these reports were, however, outweighed by the applicant's heightened pain complaints reported on those dates, and the medical-legal evaluator's report of May 5, 2015 to the effect that the applicant was having difficulty performing activities of daily living as basic as bending, lifting, stretching, mowing a lawn, cleaning, etc., despite ongoing Norco usage. It did not appear, in short, that the applicant had profited with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Referral to specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Finally, the request for a referral to a specialist was medically necessary, medically appropriate, and indicated here. The attending provider's April 17, 2015 progress note seemingly suggested that the request in question represented a request for the applicant to consult a spine surgeon to assess the severity of the known issues with neuroforaminal stenosis at the L5 level. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding outcomes, risks, benefits, and expectations is "very important." Here, it was suggested that the applicant was considering spine surgery on or around the date of the request, April 17, 2015. Obtaining the added expertise of a spine surgeon specialist was, thus, indicated. Therefore, the request was medically necessary.

