MAXIMUS Federal Services

Case Number:	CM15-0137487		
Date Assigned:	07/27/2015	Date of Injury:	08/23/2006
Decision Date:	09/01/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Pediatrics, 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 47-year-old male, who sustained an industrial injury on August 23, 2006. He reported neck and back pain. The injured worker was diagnosed as having long-term use of medications, cervical disc displacement, disorders of the sacrum, post-laminectomy syndrome of the lumbar spine, sciatica, status post lumbar surgery in 2002 and status post cervical surgery in 2006. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar and cervical spine, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain and neck pain, headaches, nausea and weakness. The injured worker reported an industrial injury in 2006 resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Radiographic imaging on April 17, 2015, revealed a slight progression of multifactorial changes at cervical 3-cervial 4 with indentation of the ventral spinal cord and borderline central canal stenosis with an otherwise stable appearance. Evaluation on May 4, 2015, revealed Electro diagnostic evidence of right chronic cervical radiculopathy with no active denervation. There was also evidence of mild right ulnar sensory neuropathy. Evaluation on May 5, 2015, revealed continued pain as noted. He did not rate his pain on this visit but did note persistent increasing pain with activity. Headaches continued. Evaluation on July 7, 2015, revealed continued pain as noted with associated symptoms. He rated his pain 8/10 with medications and 4/10 with 10 being the worst, with medications. He noted his level of pain is increasing and his function is decreasing without medications. He noted he had run low on medications and was using 2 Morphine tablets daily instead of 3. Ambien 10mg #30 with 3

refills, Morphine Sulfate 30mg #90 with 1 refill, Norco 10-325mg #60 with 1 refill, Orphenadrine-Norflex ER 100mg #90/#180, Orphenadrine-Norflex ER 100mg #90/#180, Pantoprazole-Protonix 20mg #60 and Phenergan 25mg #30 with 3 refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #30 with 3 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), Pain (updated 04/30/15) - Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics.

Decision rationale: The California (CA) MTUS Guidelines are silent on this issue. According to the Official Disability Guidelines (ODG), Phenergan is not recommended for the treatment of nausea and vomiting secondary to chronic opioid use. The ODG noted nausea and vomiting is common with the use of opioid medications and should diminish after continued exposure. It was recommended if nausea and vomiting persist for over four weeks other etiologies may need to be explored. In this case, the injured worker complained of nausea but denied vomiting. In addition, there was no indication the nausea was secondary to medications use. For these reasons, the request for Phenergan 25 mg #30 with 3 refills is not medically necessary.

Ambien 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 04/30/15) - Online version.

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

Decision rationale: California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem (Ambien) is a prescription short acting, non-benzodiazepine hypnotic, which is approved for short-term use (about two to six weeks), for the treatment of insomnia. Sleep aides and anti-anxiety medications are habit forming and intended for short-term use. It was noted the injured worker had poor sleep hygiene however; there were no objectives measures or diagnostic studies supporting poor sleep. In addition, there were no specific goals working toward discontinuing the medication after a short-term period. Furthermore, the evaluations consistently noted poorly controlled pain with no significant improvement from one visit to the next without significant deviation in pain medications. The poor sleep was noted to be secondary to chronic pain. Ambien is noted to not be intended for the long-term treatment of chronic pain. The amount of Ambien ordered indicated long-term use. The request for Ambien 10mg #30 with 3 refills is not medically necessary.

Orphenadrine-Norflex ER 100mg #90/#180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: According to the California (CA) MTUS Guidelines, Norflex/Orphenadrine Citrate is a muscle relaxant with anticholinergic effects used to decrease muscle spasms and conditions such as low back pain. The CA MTUS recommended "non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain". There was no indication of acute muscle spasm flare-ups in the documentation. In addition, there were no goals for short-term use of the medication noted. Furthermore, the amount of the medication requested indicated long-term use. For these reasons, the request for Orphenadrine-Norflex ER 100mg #90/#180 is not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the California (CA) MTUS guidelines, Protonix, a proton pump inhibitor is appropriate for the treatment of dyspepsia secondary to NSAID use or for individuals at risk for gastrointestinal events with the use of NSAIDs. It was noted in the documentation that the injured worker experienced some nausea on a visit note however, there was no indication the nausea was secondary to medication use. There was no specific incident or description of gastrointestinal problems noted in the provided documents. There was no indication of diagnosis of dyspepsia secondary to NSAID use and no noted increased risk factors for gastrointestinal events. For these reasons, the request for Pantoprazole-Protonix 20mg #60 is not medically necessary.

Morphine Sulfate 30mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 91, 93, and 124.

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

Decision rationale: According to the California (CA) MTUS Guidelines Morphine Sulfate is an opioid recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted significant functional improvement or improved pain noted during the duration of the prescription for Morphine Sulfate. Furthermore, it was noted he had decreased pain and increased function with 2 tablets versus 3 per day on a July 7, 2015, visit note. For these reasons, the request for Morphine Sulfate 30 mg #90 with 1 refill is not medically necessary.

Norco 10-325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 91, 93, and 124.

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

Decision rationale: According to the California (CA) MTUS Guidelines Norco is a short-acting opioid recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Norco. For these reasons, the request for Norco 10-325 mg #60 with 1 refill is not medically necessary.