

Case Number:	CM15-0145106		
Date Assigned:	08/07/2015	Date of Injury:	02/02/1991
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: Hawaii, California, Iowa

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 injured worker is a 72-year-old male, with a reported date of injury of 02-02-1991. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include major depression, degenerative disc disease of the lumbar spine, lumbar spondylolisthesis, lumbar spinal stenosis, and lumbar herniated nucleus pulposus. Treatments and evaluation to date have included oral medications, psychiatric treatment, and bilateral L4-5 and L5-S1 medial branch blocks on 03-10-2014. The diagnostic studies to date have included an MRI of the lumbar spine on 08-22-2014 which showed canal, lateral recess and foraminal narrowing at L3-4 with nerve root abutment, left posterior disc osteophytic ridging at L4-5 abuts, partially extruded interbody fusion device encroaches the left lateral recess and contributes to left neural foraminal narrowing, and posterolateral and far lateral disc osteophytic ridging at L5-S1. The progress report dated 06-04-2015 indicates that the injured worker continued to have anxiety and depression due to his pain, which had become progressively more severe. The injured worker was instructed to remain off work. The progress report dated 07-02-2015 is handwritten. The subjective complaints included depression, anxiety, pain, and disability. The objective findings include depression and anxiety. It was noted that the injured worker continued to have severe back pain, which was becoming more severe and the injured worker was becoming more disabled. The treatment plan included the prescription for Wellbutrin, Norco, Valium, and Ambien CR. The injured worker's work status was not indicated. The treating physician requested Norco 10-325mg #120, Ambien CR

12.5mg #30 with three refills, Valium 10mg #120 with three refills, and Wellbutrin XL 300mg #30 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, weaning of medications.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 02-12-2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. 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 is no evidence of significant pain relief or increased function from the opioids used to date. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.

Ambien CR 12.5mg #30 tablets 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), chapter: pain (chronic), 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) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. The injured worker has been taking Ambien since at least 01-15-2015. There has been no discussion of the patient's sleep hygiene or the need for variance from the

guidelines, such as: "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. The guidelines additionally state, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The request does not meet guideline recommendation. Therefore, the request for Ambien is not medically necessary.

Valium 10mg #120 tablets with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, muscle relaxants (for pain), Antispasticity/antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, and Benzodiazepines.

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG states regarding benzodiazepines, "The potential for adverse outcomes increases with concurrent prescribing of medications with sedative properties; thus, concomitant prescribing of opioids, Tramadol, benzodiazepines, and other sedating medications (such as H1 blocker antihistamines) is not recommended." The injured worker has been taking this medication since at least 01-15-2015, in excess of 'short' term treatment. The injured worker has also been prescribed and has been taking Norco, which is an opioid. The treating physician does not outline extenuating circumstances that warrant deviation from the guidelines. The guidelines have not been met. As such, the request for Valium 10mg #120 tablets with 3 refills is not medically necessary.

Wellbutrin XL 300mg #30 tablets with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin), antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain and Bupropion (Wellbutrin) Page(s): 13-16 and 27. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress chapter, Bupropion (Wellbutrin).

Decision rationale: Regarding treatment of Pain with anti-depressants, MTUS and ODG state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Additionally, "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown, some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss". ODG states regarding bupropion, "Recommended as a first-line treatment option for major depressive disorder." The provided medical documents state a diagnosis of depression, but the medical records do not provide substantiation findings to support this diagnosis. Medical records indicate lower extremity pathology that may be treated with Wellbutrin. However, no functional improvement was documented. Additionally, no improvement in the worker's depression was noted in the records while on this medication. Therefore, the request for Wellbutrin with five refills is not medically necessary.