MAXIMUS Federal Services

Case Number:	CM15-0147602		
Date Assigned:	08/10/2015	Date of Injury:	02/08/2014
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 8, 2014. In a utilization review report dated July 21, 2015, the claims administrator approved a request for Butrans, failed to approve a request for Lyrica, failed to approve a request for Ambien, and approved a request for Pamelor. The claims administrator referenced a July 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 15, 2015, lumbar MRI imaging, Norco, Butrans, Lyrica, Ambien, and Pamelor were prescribed. In an associated progress note of July 14, 2015, it was acknowledged that the applicant was off of work, on total temporary disability, owing to ongoing complaints of low back pain radiating to the bilateral lower extremities, right greater than left, 7/10. The applicant had received earlier epidural steroid injections over the course of the claim, it was acknowledged. The applicant's medication list included Pamelor, Norco, Butrans, Lyrica, and Ambien, it was reported, several of which were continued and/or renewed. Lumbar MRI imaging was sought to evaluate the applicant's ongoing radicular pain complaints. Little to no discussion of medication efficacy transpired, although the treating provider reported at the top that the applicant's pain was improved with medications. This was neither elaborated nor expounded upon, however. The applicant also reported that any activity aggravated his pain complaints. On an earlier note of June 9, 2015, the applicant again reported 7/10 low back pain radiating to the bilateral legs, aggravated by any activity. The applicant was placed off of work, on total temporary disability, while Norco, Butrans, Lyrica, and Ambien were prescribed. The

dosage of Norco was increased and it was reported, owing to seemingly heightened pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 5mg #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 (ODG), 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 U.S. Food and Drug Administration.

Decision rationale: No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA-labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request was framed as a renewal or extension request for Ambien on the July 14, 2015 office visit at issue. Continued usage of Ambien, thus, ran counter to the FDA label. ODG's Mental Illness and Stress Chapter, Zolpidem Topic, also notes that zolpidem or Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Ambien, in effect, represented treatment which ran counter to both the FDA label and the ODG recommendation on the same. The attending provider failed to furnish a clear or compelling rationale or medical evidence which would support such usage in the face of the unfavorable FDA and ODG positions on long-term usage of Ambien. Therefore, the request is not medically necessary.

1 prescription of Lyrica 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Pregabalin (Lyrica) Page(s): 7; 99.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy, post-herpetic neuralgia and, by analogy, neuropathic pain conditions in general, as was present here in the form of the applicant's ongoing lumbar radicular pain complaints, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, as reported on office visits of July 14, 2015 and June 9, 2015, despite ongoing Lyrica usage. 7/10 pain complaints were noted, despite ongoing Lyrica usage. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Norco and Butrans. The treating provider was forced to increase the applicant's dosage of Lyrica on June 9, 2015, seemingly on the grounds that adjuvant medications such as Lyrica were not proving altogether beneficial. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Lyrica usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request is not medically necessary.