

Case Number:	CM15-0161067		
Date Assigned:	08/27/2015	Date of Injury:	03/29/2001
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: Anesthesiology

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 58 year old female who sustained an industrial injury on 3-29-2001. The mechanism of injury is not described. The current diagnoses are cervical spine disc syndrome with sprain-strain disorder and radiculopathy, lumbosacral spine disc syndrome with sprain-strain disorder and radiculopathy, and chronic pain syndrome with anxiety, depression, and idiopathic insomnia. According to the progress report dated 7-20-2015, the injured worker complains of neck and low back pain. The pain is described as sharp, stabbing, stiffness, weakness, numbness, paresthesia, and generalized discomfort. The level of pain is not rated. The physical examination reveals reduced range of motion of the cervical and lumbosacral spine in all planes, diminished sensation and strength in the distribution of the right C7 and right S1 spinal nerve roots with absent right triceps and right ankle deep tendon reflexes, augmented touch floor gap and reduced bilateral straight leg raising measurements, and tender and painful bilateral cervical and lumbosacral paraspinal muscular spasms. The current medications are Norco, Ultracet, Soma, Prilosec, and Xanax. Urine drug screen from 3-23-2015 and 5-20-2015 were inconsistent with prescribed medications. There is documentation of ongoing treatment with Norco, Valium, Xanax, Ambien, and Lyrica since at least 10-6-2009 and Tramadol and Soma since at least 5-20-2015. Treatment to date has included medication management. Work status is described as permanent and stationary. A request for Norco, Valium, Xanax, Soma, tramadol, Ambien, and Lyrica has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg tablets qty 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. In addition, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Valium 10mg tablets qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four

weeks. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. In addition, there are no guideline criteria that support the long-term use of benzodiazepines. In this case, there is documentation of ongoing treatment since at least 10-6-2009, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Valium is not medically necessary.

Xanax 2mg tablets qty 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The documentation indicates the patient has depression and anxiety. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. In this case, there is documentation of ongoing treatment since at least 10-6-2009, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Xanax is not medically necessary.

Soma 250mg tablets qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this case, the guidelines do not support this medication for long-term use. There is documentation of ongoing treatment with Soma since at least 5-20-2015, and continuation for any amount of time does not comply with the recommended guidelines. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tramadol HCL 50mg tablets qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. In addition, there is no supporting evidence of objective functional improvement such as measurable decrease in frequency and intensity of pain per the VAS scale. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Ambien 10mg tablets qty 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Insomnia Treatment, Ambien (Zolpidem).

Decision rationale: The CA MTUS guidelines are silent regarding the use of Ambien. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be

habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. In this case, the submitted medical records failed to provide documentation regarding sleep history including hours of sleep, sleep hygiene, and efficacy of prior medication use that would support the use of a hypnotic (Ambien). There is documentation of ongoing treatment with Ambien since at least 10-6-2009, and continuation for any amount of time does not comply with the recommended guidelines. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Lyrica (no dosage) qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyrica).

Decision rationale: According to California MTUS Guidelines, anti-epilepsy medications (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. A "good" response to therapy with this medication is described as a 50% reduction in complaints of neuropathic pain. It also has the approval as the first approved treatment for fibromyalgia. In addition, Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In this case, the guidelines indicate that Lyrica is effective for the treatment of diabetic painful neuropathy, post-herpetic neuralgia, and fibromyalgia. The submitted medical records failed to provide documentation of a condition and/or diagnosis that would support the use of Lyrica. In addition, there is no documentation of a dosage for the requested medication. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.