

Case Number:	CM15-0162443		
Date Assigned:	08/28/2015	Date of Injury:	11/28/2005
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on November 28, 2005, incurring upper and lower back injuries. He was diagnosed with lumbar radiculopathy, cervical radiculopathy, and epicondylitis of the elbow. He underwent a lumbar fusion. Treatment included physical therapy, pain medications, anti-inflammatory drugs, muscle relaxants, sleep aides, antianxiety medications, trigger point injections, psychotherapy and modified activities. Currently, the injured worker complained of persistent cervical and lumbar pain radiating into the lower extremities with increased spasms and decreased range of motion. The treatment plan that was requested for authorization included prescriptions for Ambien, Norco, Soma, Xanax and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 330: 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 Chapter, Insomnia Treatment.

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

Decision rationale: Based on the 07/06/15 progress report provided by treating physician, the patient presents with low back, leg and neck pain rated 8/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified. The request is for Ambien 10MG 330. Patient's diagnosis per Request for Authorization form dated 08/04/15 includes postlaminectomy syndrome lumbar region, thoracic/lumbosacral neuritis/radiculitis, brachial neuritis or radiculitis, medial epicondylitis of elbow, and unspecified myalgia and myositis. Physical examination to the lumbar spine on 07/06/15 revealed pain to bilateral L3-S1 facets and intervertebral spaces. Examination of the cervical spine revealed palpable twitch positive trigger points. Treatment to date has included physical therapy, trigger point injections, caudal ESI, psychotherapy, modified activities, and medications. Patient's medications include Norco, Soma, Xanax, and Ambien. Patient's work status not provided. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 03/16/15, 06/08/15, and 08/03/15. It is not known when this medication was initiated. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the patient has been prescribed Ambien for almost 5 months from UR date of 08/10/15. Furthermore, the request for quantity 330 is excessive, does not indicate intended short-term use, and exceeds ODG indications. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #230: 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, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 07/06/15 progress report provided by treating physician, the patient presents with low back, leg and neck pain rated 8/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified. The request is for Norco 10/325MG #230. Patient's diagnosis per Request for Authorization form dated 08/04/15 includes postlaminectomy syndrome lumbar region, thoracic/lumbosacral neuritis/radiculitis, brachial neuritis or radiculitis, medial epicondylitis of elbow, and unspecified myalgia and myositis. Physical examination to the lumbar spine on 07/06/15 revealed pain to bilateral L3-S1 facets and intervertebral spaces. Examination of the cervical spine revealed palpable twitch positive trigger

points. Treatment to date has included physical therapy, trigger point injections, caudal ESI, psychotherapy, modified activities, and medications. Patient's medications include Norco, Soma, Xanax, and Ambien. Patient's work status not provided. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications, per progress reports dated 04/14/14, 01/19/15, 06/08/15, and 08/03/15. It is not known when this medication was initiated. Per 07/06/15 progress report, treater states that Opioid pain agreement was signed and "we monitor patient compliance by means of CURES reports and Urine Drug Screening." UDS dated 04/13/15 was provided. Treater states "I am refilling medications as I see no evidence of abuse, diversion, hoarding, or impairment...We monitor the 4 A's for ongoing monitoring: Analgesia, activities of daily living, adverse effects and aberrant behavior." In this case, treater has addressed some, but not all of the 4A's. Most importantly, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples showing improvement in function. MTUS states "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy, due to lumbar fusion. In addition, the requested dosage appears excessive. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Soma 350mg #120: 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: Based on the 07/06/15 progress report provided by treating physician, the patient presents with low back, leg and neck pain rated 8/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified. The request is for SOMA

350MG #120. Patient's diagnosis per Request for Authorization form dated 08/04/15 includes postlaminectomy syndrome lumbar region, thoracic/lumbosacral neuritis/radiculitis, brachial neuritis or radiculitis, medial epicondylitis of elbow, and unspecified myalgia and myositis. Physical examination to the lumbar spine on 07/06/15 revealed pain to bilateral L3-S1 facets and intervertebral spaces. Examination of the cervical spine revealed palpable twitch positive trigger points. Treatment to date has included physical therapy, trigger point injections, caudal ESI, psychotherapy, modified activities, and medications. Patient's medications include Norco, Soma, Xanax, and Ambien. Patient's work status not provided. MTUS, Carisoprodol (Soma) Section, page 29 states "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level..." MTUS, Muscle relaxants (for pain) section, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects."Soma has been included in patient's medications, per progress reports dated 04/14/14, 01/19/15, 06/08/15, and 08/03/15. It is not known when this medication was initiated. MTUS recommends Soma, only for a short period (no more than 2-3 weeks). The patient has been prescribed Soma at least since 04/14/14. The request for additional prescription of Soma would exceed guideline recommendations. Furthermore, the request for quantity 120 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Xanax 1mg #120: 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) Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: Based on the 07/06/15 progress report provided by treating physician, the patient presents with low back, leg and neck pain rated 8/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified. The request is for Xanax 1MG #120. Patient's diagnosis per Request for Authorization form dated 08/04/15 includes postlaminectomy syndrome lumbar region, thoracic/lumbosacral neuritis/radiculitis, brachial neuritis or radiculitis, medial epicondylitis fo elbow, and unspecified myalgia and myositis. Physical examination to the lumbar spine on 07/06/15 revealed pain to bilateral L3-S1 facets and intervertebral spaces. Examination of the cervical spine revealed palpable twitch positive trigger points. Treatment to date has included physical therapy, trigger point injections, caudal ESI, psychotherapy, modified activities, and medications. Patient's medications include Norco, Soma,

Xanax, and Ambien. Patient's work status not provided. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Xanax has been included in patient's medications, per progress reports dated 04/14/14, 01/19/15, 06/08/15, and 08/03/15. It is not known when this medication was initiated. Guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication at least since 04/14/14, which is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Ibuprofen 800mg #15: Overturned

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): Anti-inflammatory medications.

Decision rationale: Based on the 07/06/15 progress report provided by treating physician, the patient presents with low back, leg and neck pain rated 8/10 with and 10/10 without medications. The patient is status post lumbar fusion, date unspecified. The request is for Ibuprofen 800MG #15. Patient's diagnosis per Request for Authorization form dated 08/04/15 includes post-laminectomy syndrome lumbar region, thoracic/lumbosacral neuritis/radiculitis, brachial neuritis or radiculitis, medial epicondylitis of elbow, and unspecified myalgia and myositis. Physical examination to the lumbar spine on 07/06/15 revealed pain to bilateral L3-S1 facets and intervertebral spaces. Examination of the cervical spine revealed palpable twitch positive trigger points. Treatment to date has included physical therapy, trigger point injections, caudal ESI, psychotherapy, modified activities, and medications. Patient's medications include Norco, Soma, Xanax, and Ambien. Patient's work status not provided. MTUS, Anti-inflammatory medications Section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Ibuprofen is included in patient's medications, per 08/03/15 report. It appears this medication is being initiated, thus treater has not had the opportunity to document efficacy of this medication. Given patient's continued pain and diagnosis, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.