

Case Number:	CM15-0164837		
Date Assigned:	09/02/2015	Date of Injury:	10/01/2009
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 61 year old female, who sustained an industrial injury on 10-1-09. She has reported initial complaints of a low back injury. The diagnoses have included lumbar sprain and strain with aggravation of lumbar degenerative disc disease (DDD), status post multiple lumbar surgeries with lumbar sacral fusion and residual left radiculopathy, left lower extremity foot drop associated with radiculopathy, and chronic pain syndrome with chronic narcotic usage. Treatment to date has included medications, injections, physical therapy, psychiatric, Cognitive Behavioral Therapy (CBT), diagnostics, pain management, cane, lumbar spine surgery and other modalities. Currently, as per the physician progress note dated 6-28-15, the injured worker complains of pain in the low back with radiation to the bilateral lower extremities. The pain is described as achy aching, burning, shooting, throbbing, tingling and numb pain. The pain is rated 8 out of 10 on pain scale , with the least reported pain rated 7 out of 10, average pain rated 8 out of 10, the intensity of pain after taking the opioid is rated 6 out of 10 and the pain relief lasts for about 4 hours. She reports numbness, tremor, headache, dizziness, joint pain, stiffness, muscle weakness, depression, anxiety, stress and insomnia. The current medications included Neurontin, Ambien, Norco, Zanaflex, Xanax, Protonix, Lamotrigine and Effexor. The urine drug screen dated 4-27-15 was consistent with the medications prescribed. The objective findings- physical exam reveals that she ambulates with a single point cane and the lumbosacral range of motion is decreased due to pain. The physician requested treatment included Ambien 10mg #25 with 2 refills, Norco 10-325mg #150, Alprazolam 0.5mg #30 with 2 refills, Protonix 40mg #30 with 2 refills, and Lamotrigine 100mg #25 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #25 with 2 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-Treatment in Workers' Compensation, Pain, Insomnia.

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), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg #25 with 2 refills is not medically necessary.

Norco 10/325mg #150: 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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The patient reported a drop in pain of only one degree, from a 10/10 to a 9/10 with the use of Norco. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #150 is not medically necessary.

Alprazolam 0.5mg #30 with 2 refills: 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 rationale: The MTUS states that benzodiazepines are 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. Alprazolam 0.5mg #30 with 2 refills is not medically necessary.

Protonix 40mg #30 with 2 refills: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Protonix 40mg #30 with 2 refills is not medically necessary.

Lamotrigine 100mg #25 with 2 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that AED's have been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and have been considered as a first-line treatment for neuropathic pain. The patient has well-documented radiculopathy. I am reversing the previous UR decision. Lamotrigine 100mg #25 with 2 refills is medically necessary.