

Case Number:	CM15-0185008		
Date Assigned:	09/25/2015	Date of Injury:	04/20/1998
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York
 Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 4-20-1998. The injured worker was being treated for cervicalgia. On 9-1-2015, the injured worker reported needing to take his Vicoprofen 5-7 times per day over the past month due to increased pain following a recent fall due to delayed motor function of the right lower extremity and he subsequently fell out of bed. He rated his pain 7 out of 10. He also reported difficulty falling asleep and remaining asleep. The physical exam (9-1-2015) revealed the injured worker is very deconditioned, decreased neck range of motion with pain, and tenderness along the C4-5 (cervical 4-5), C5-6 (cervical 5-6), and C6-7 (cervical 6-7) facets. There were sensory deficits in the C6-T1 (cervical 6-thoracic 1) dermatomes, left greater than right decreased grip strength, and taut band palpated in the bilateral splenius capitis muscle with positive radiation. The injured worker walks slowly with an unsteady gait without assistive device, transfers slowly and cautiously, and needed assist with walking 5 steps as he was very unsteady. On 7-10-2015, a CT of the cervical spine was unremarkable. On 7-20-2015, an MRI of the cervical spine revealed mild degenerative changes: small multilevel disc bulging without significant spinal canal stenosis. There was mild foraminal stenosis at the bilateral C5-6 and left C6-7 levels secondary to uncovertebral spurring. Treatment has included physical therapy, a personal trainer, cervical epidural steroid injection, home aqua therapy, and medications including pain (Vicoprofen since at least 5-2015), hypnotic (Ambien CR since at least 5-2015), anti-epilepsy, Cialis for erectile dysfunction (since at least 5-2015), and non-steroidal anti-inflammatory (Ibuprofen since at least) . Per the treating physician (5-12-2015 report), the injured worker had failed Lunesta, Sonata, and Trazodone. On 9-3-2015, the requested treatments included Ibuprofen 600mg #90

with 2 refills, Vicoprofen 7.5/200mg #180 with 2 refills, Ambien CR 12.5 mg #60 with 2 refills and Cialis 5mg #30 with 2 refills. On 9-10-2015, the original utilization review non-certified requests for Ibuprofen 600mg #90 with 2 refills and Ambien CR 12.5 mg #60 with 2 refills. On 9-10- 2015, the original utilization review partially approved requests for 1 prescription of Vicoprofen 7.5/200mg #30 (original request for #180 with 2 refills) and 1 prescription of Cialis 5mg #30 (original request for #30 with 2 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They 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. Also per the MTUS, NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. According to the documentation submitted the injured worker has been prescribed Ibuprofen on a long-term basis, and the complaints are not an acute exacerbation. There has been no compelling evidence presented by the provider to document that the injured worker has had any significant functional improvements from this medication. Records also indicate that this injured worker has multiple comorbid conditions that likely should also contradict use of NSAID's. Therefore the request treatment: Ibuprofen 600mg #90 with 2 refills is not medically necessary or appropriate.

Vicoprofen 7.5/200mg #180 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 (non-steroidal anti-inflammatory drugs), Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter; Hydrocodone/ Ibuprofen (Vicoprofen®).

Decision rationale: Vicoprofen (hydrocodone/ibuprofen) is a combination of a narcotic pain reliever and a nonsteroidal anti-inflammatory medicine (NSAID). According to the MTUS, this medication is recommended for short term use only (generally less than 10 days) with a maximum dose of 5 tablets per day. The ODG also states that this medication is recommended

for short term use only. Additionally, the ODG states: "Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis". In this case of injured worker, this exceeds the recommended daily allowance and the short term recommendation. Additionally, there was no recent surgery or planned surgery. As such, the requested treatment: Vicoprofen 7.5/200mg #180 with 2 refills is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Ambien CR 12.5 mg #60 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, Pain (Chronic): Zolpidem (Ambien), Insomnia (2015).

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

Decision rationale: The CA MTUS guidelines are silent regarding the use of Ambien. However, according to the Official Disability Guidelines; Ambien (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. 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 or a diagnosis that would support the use of a hypnotic (Ambien). Additionally, the guidelines recommend Ambien for short term (7-10 days) treatment of insomnia. There is documentation of ongoing treatment with Ambien, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Ambien CR 12.5 mg #60 with 2 refills is not medically necessary.

Cialis 5mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: For first-line medical therapy of ED, phosphodiesterase-5 (PDE-5) inhibitors are recommended because of their efficacy, ease of use, and favorable side effect profile. Sildenafil, vardenafil, tadalafil, and avanafil appear to be equally effective, but tadalafil has a longer duration of action. Current practice guidelines suggest that the choice of PDE-5 inhibitor should be based upon on the patient's preferences, including cost, ease of use, and adverse effects. For men with erectile dysfunction (ED), initial steps include: Identifying the underlying etiology, including drugs such as antidepressants or antihypertensive agents that may be causing or contributing to the ED. Identifying and treating cardiovascular risk factors, such as smoking, obesity, hypertension, and dyslipidemia, as both lifestyle measures and pharmacotherapy for risk factor reduction may be effective for prevention and treatment of ED. In the submitted medical records, there is no clear discussion of initial steps. Medical records indicate opioids are contributing to the erectile dysfunction (ED) in this injured worker. As opioids are determined not medically necessary, therefore, the requested treatment: Cialis 5mg#30 with 2 refills is not medically necessary or appropriate.