MAXIMUS Federal Services

Case Number:	CM15-0186043		
Date Assigned:	09/28/2015	Date of Injury:	11/26/1994
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
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: 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 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 26, 1994. In a utilization review report dated August 24, 2015, the claims administrator failed to approve requests for Norco, Celebrex, and Ambien. Progress notes of August 11, 2015 and July 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said August 11, 2015 office visit, the applicant reported ongoing complaints of low back pain, 6-8/10. The applicant was on Norco for pain relief. The applicant reported difficulty walking. The applicant reported difficulty negotiating stairs. The applicant was using a cane, it was further noted. Norco, Celebrex, and Ambien were renewed. No seeming discussion of medication efficacy transpired. The applicant's work status was not detailed, although it did not appear the applicant was working. On July 2, 2015, Norco was renewed. The attending provider stated that the applicant had undergone an earlier failed lumbar spine surgery as well as a failed spinal cord stimulator trial. Highly variable 5-8/10 pain complaints were noted. Once again, the applicant's work status was not explicitly detailed. No seeming discussion of medication efficacy transpired. On June 4, 2015, the applicant stated that activities of daily living as basic as negotiating stairs, making the bed, and performing household chores all remain problematic. A lumbar fusion procedure and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: 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.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not reported on multiple office visits, referenced above, including those dated September 10, 2015, August 11, 2015, and/or July 2, 2015, suggesting the applicant was not, in fact, working. Little-to-no discussion of medication efficacy transpired on those dates. The attending provider's commentary to the effect that the applicant had pain complaints as high as 6-8/10, had difficulty with standing and walking, could not walk more than a few blocks, had difficulty negotiating stairs, was using a cane, was unable to perform basic household chores such as making his bed, taken together, strongly suggested the applicant had in fact failed to profit from ongoing Norco usage in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Celebrex 100mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as a Celebrex are recommended in applicants who are at heightened risk of GI complications, 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 so as to ensure proper usage and so as to manage expectations. Here, however, no seeming discussion of medication efficacy transpired on progress notes of June 4, 2015, July 2, 2015, August 11, 2015, and/or September 10, 2015. The applicant reported pain complaints as high as 8/10, it was stated on September 10, 2015. The applicant was having difficulty performing standing, walking, and/or negotiating stairs, it was

stated on that date. Any activity was problematic, it was reported. The applicant's work status was not clearly reported, suggesting the applicant was not working. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Norco. 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 was not medically necessary.

Ambien 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. 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 Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Finally, the request for Ambien, a sleep aid, was likewise 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 that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request was at odds with both the FDA label and ODG's Mental Illness and Stress Chapter Zolpidem Topic, which likewise notes that zolpidem or Ambien is not recommended for long-term uses but, rather, should be reserved for short-term use purposes. The attending provider failed to furnish a clear or compelling rationale for continuing usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.