

Case Number:	CM15-0190694		
Date Assigned:	10/02/2015	Date of Injury:	01/18/2000
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Washington, 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 45 year old male who sustained an industrial injury on 01-18-2000. He reported subsequent neck and low back pain and headache and was diagnosed with lumbago, cervicgia and headache. Work status was documented as off work. Treatment to date has included pain medication, which was noted to have provided some pain relief. Urine drug testing showed results consistent with prescribed medications. Documentation shows that Norco and Ibuprofen were prescribed at least since 02-23-2015 and Fioricet and Ambien were prescribed since at least since 12-09-2014. In a progress note dated 07-23-2015, the injured worker reported continued head and back pain. Medications were noted to be working somewhat, were documented to reduce pain significantly, to allow him to walk 100% more, to tolerate pain better and to have improved sleep compared without medications. Pain without medication was reported as 10 out of 10 and pain with medication was reported as 8 out of 10. The injured worker also noted insomnia, fatigue, anxiety and depression. Objective findings showed distress secondary to pain, tenderness of the cervical spine with decreased range of motion, tenderness of the lumbar spine and facet joint and decreased range of motion. In a progress note dated 09-09-2015, the injured worker was noted to be there for a medication reassessment. The injured worker had stable symptoms on current medication and denied side effects. There was constant aching low back pain that was rated as 7 out of 10 without pain medication and 5 out of 10 with medications. There were no abnormal objective examination findings documented. There was no documentation of the injured worker's sleep duration, quality of sleep and specific improvements seen with use of Ambien. A request for authorization of Ambien 10 mg #30, Fioricet 50-300 mg #50, Ibuprofen 800 mg #90 and Norco 10-325 mg #180 was submitted. As per the 09-25-2015 utilization review, the aforementioned requests

were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: 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) short-acting non-benzodiazepine hypnotic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4 (5): 487-5042) American Psychiatric Association Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Zolpidem (Ambien, Ambien CR) is a short-acting, selective gamma-aminobutyric acid (GABA) receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or GABA receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. The American Psychiatric Association guidelines notes less evidence available to support treating insomnia in a depressed patient with a selective GABA agonist. This patient has been taking zolpidem for longer than 6 weeks and is still experiencing frequent nighttime awakenings. A full evaluation for the etiology for her chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.

Fioricet 50/300mg #50: 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): Barbiturate-containing analgesic agents.

Decision rationale: Fioricet (Butalbital-APAP) is a combination medication made up of the barbiturate, butalbital, and the analgesic, acetaminophen, better known as tylenol. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. Butalbital, as with all barbiturates, acts as a generalized depressant on central nervous system. The combined product, Fioricet, is indicated for short-term treatment of tension headaches, muscle contraction headaches and post-dural puncture headaches. However, regular use of Fioricet for headaches has been associated with rebound headaches. Additionally, the potential for drug dependence with chronic use of this medication is high. The MTUS guidelines do not recommend use of barbiturate containing analgesic agents in treating chronic pain. This patient's medical records showed regular use of Fioricet for over 6 months. Its continued use is not indicated. Medical necessity has not been established.

Ibuprofen 800mg #90: 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Low Back Complaints 2004, Section(s): Summary, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Ibuprofen (Motrin) is a non-steroidal anti-inflammatory medication (NSAID). It is recommended to treat mild to moderate pain. It is available over-the-counter as 200 mg tablets and by prescription as 400 mg and 800 mg tablets. The MTUS notes that doses over 400 mg do not provide greater pain relief. NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. The request is not medically necessary.

Norco 10/325mg #180: Overturned

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): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is good documentation that the provider is following the MTUS guidelines. The patient has nociceptive pain, has noted improved function and less pain with use of opioid medications, regular screening for aberrant drug-seeking behaviors is being done and there are no side effects from the medications. The total morphine equivalent dose for all opiates (Norco) is 60 mg/day, which is in compliance with the MTUS guidelines. Continued use of Norco at the present dose remains an option in therapy. Medical necessity for continued use of this medication has been established.