

Case Number:	CM15-0191282		
Date Assigned:	10/01/2015	Date of Injury:	04/22/2001
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 22, 2001. In multiple Utilization Review reports dated September 24, 2015, the claims administrator failed to approve requests for Lazanda, Norco, and Ambien, apparently prescribed and/or dispensed on or around September 17, 2015. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant reported heightened complaints of low back pain. The applicant was reportedly using Ambien, Fentora, Lidoderm patches, Lyrica, methadone, and Soma, it was acknowledged. Average pain scores of 9-10/10 were noted. The applicant was using Ambien for issues with pain-induced sleep disturbance, it was reported. The applicant was asked to continue Norco, Ambien, Lyrica, methadone, Soma, and Lidoderm patches. The applicant was asked to consider spinal cord stimulator. The applicant had undergone earlier failed lumbar spine surgery, it was reported.

The applicant's work status was not clearly reported, although it did not appear that the applicant was working. On September 15, 2015, the applicant reported average pain scores of 8-9/10. The attending provider contended that Lazanda (fentanyl) spray was attenuating the applicant's pain complaints. The attending provider then, somewhat incongruously, reported 8-9/10 pain complaints in another section of the note. The applicant's BMI was 28, it was reported. The applicant was asked to continue Norco, Ambien, Lyrica, methadone, Soma, Lidoderm patches, and Lazanda. The applicant also had a prescription for Percocet, the treating provider reported, which the applicant was apparently "holding," it was stated in another section of the note.

Lumbar support was sought. Once again, the applicant's work status was not detailed. Severe

pain complaints were reported, averaging 8-9/10, the treating provider stated in various sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lazanda 100 ugm #4 with an rx date of 9/17/2015: 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 Lazanda (fentanyl) spray was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, thus, the attending provider's decision to furnish the applicant with multiple long- and short-acting opioids to include methadone, Norco, Lazanda, Percocet, etc., ran counter to the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioid needed to improve pain and function. The request, moreover, was framed as a renewal or continuation request for Lazanda on the attending provider's September 15, 2015 office visit. The applicant, however, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on September 15, 2015, suggesting that the applicant was, in fact, off of work. It did not appear that the applicant was working with permanent limitations in place. 8-9/10 pain complaints were reported despite ongoing Lazanda usage. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Lazanda usage. Therefore, the request was not medically necessary.

Retro Norco 10/325 mg #150 with a nrx date of 9/17/2015: 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: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider employ the lowest possible dose of opioids needed to improve pain and function. Here, thus, the attending provider's decision to concurrently prescribe so many different long- and

short-acting opioids to include methadone, Lazanda, Norco, Percocet, etc., ran counter to the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on September 15, 2015, suggesting that the applicant was not working with permanent limitations in place. Pain complaints in the severe range, 8-9/10, were reported on that date. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Retro Ambien 10 mg #30 with an rx date of 9/17/2015: 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), Mental Illness and Stress Disorder, Insomnia.

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 Food and Drug Administration (FDA).

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 stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding 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 for Ambien ran counter both to the FDA label and to the position set forth in ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise suggests that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term purposes. The attending provider failed to furnish a clear or compelling rationale for continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.