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| Case Number: | CM15-0193316 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 04/05/2011 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 was a 47 year old female, who sustained an industrial injury, September 29, 2010. The injured worker was undergoing treatment for sleep disturbances, left shoulder internal derangement dysfunction and lumbar spine radiculopathy. According to progress note of July 21, 2015, the injured worker's chief complaint was left shoulder pain rated at 7 out of 10. There was radiation of pain into the upper extremities with associated weakness and lose of sensation. The low back pain was constant 9 out of 10. There was radiation of [pain into the bilateral legs. There was associated weakness in the legs and right heel pain. The physical exam noted decreased range of motion of the lumbar spine. The injured worker ambulated with a cane. According to the progress note of July 6, 2015, the injured worker was having loss of sleep secondary to pain. The physical exam noted 3 plus tenderness of the lumbar paravertebral muscles with palpation. There was no bruising, swelling, atrophy or lesions present at the left shoulder. There was 3 plus tenderness with palpation of the anterior, posterior shoulder and trapezius. There were muscle spasms noted of the trapezius. The Neer's test caused pain. The Hawkin's testing caused pain. The injured worker previously received the following treatments urine toxicology on July 21, 2015 which was negative for any unexpected findings, Norco since January 2015, Ibuprofen since March 2015 and Ambien since April 2015. The RFA (request for authorization) dated the following treatments were requested prescription for Ibuprofen 800mg #60, Norco 10-325mg #90 and Ambien 10mg #30. The UR (utilization review board) denied certification on August 26, 2015, for the prescription for Ibuprofen 800mg #60, a Modified prescription for Norco 10- 325mg #45 tablets and Ambien 10mg modified #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatories 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. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Ibuprofen Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, the medical records from 7/6/15 indicate the injured worker is being treated for left shoulder internal derangement, lumbar spine radiculopathy and low back pain. According to the guidelines dosing greater than 400mg do not provide additional relief for moderate to severe pain. Dosing should start at lowest effective doses to minimize side effect profile. Therefore, based on the guidelines, the request is not medically necessary.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain

relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam note of 7/6/15. Therefore, according to the cited guidelines, the request is not medically necessary.

Ambien 10 mg Qty 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: Pain - Insomnia treatment; Zolpidem (Ambien).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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 records indicate the worker has been taking ambien since at least April 2015. This duration exceeds the recommended duration of treatment in the cited guidelines (6 to 8 weeks). Therefore the request is not medically necessary.