

Case Number:	CM15-0197747		
Date Assigned:	10/13/2015	Date of Injury:	06/27/2013
Decision Date:	12/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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, Florida, 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 39 year old, who sustained an industrial injury on 06-27-2013. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for bilateral sacroiliitis, lumbar facetal pain, low back pain, and left shoulder pain. Treatment and diagnostics to date has included lumbar spine MRI and medications. Recent medications have included Tylenol with Codeine #4 (prescribed on 07-31-2015), Baclofen (prescribed on 07-31-2015), Lyrica (prescribed on 08-28-2015), and Ambien (prescribed on 08-28-2015). No urine drug screens noted in received medical records. After review of progress notes dated 06-26-2015 and 08-28-2015, the injured worker reported persistent lower back pain and lower extremity pain along with left shoulder pain rated 6-7 out of 10 in severity. The treating physician noted that the injured worker's "current medication is not helping to reduce her pain enough to allow her to sleep." Objective findings included lumbar paraspinal muscle with stiffness, tenderness to bilateral facet joints, right knee posterior joint line tenderness, and pain with flexion and extension of her knee, left shoulder glenohumeral, and acromioclavicular joint. The request for authorization dated 09-11-2015 requested Tylenol with Codeine #4 #90, Baclofen 10mg #45, Lyrica 75mg #90, and Ambien 10mg #20. The Utilization Review with a decision date of 09-22-2015 modified the request for Tylenol with codeine no. 4 #90 per 08-28-2015 order, Baclofen 10mg #45 per 08-28-2015 order, Lyrica 75mg #90 per 08-28-2015 order, and Ambien 10mg #20 per 08-28-2015 order to Tylenol with codeine no. 4 #60, Baclofen 10mg #30, Lyrica 75mg #60, and Ambien 10mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine No. 4 #90: Upheld

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

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

Decision rationale: This claimant was injured over two years ago and is working with modifications. Diagnoses two years post injury are bilateral sacroiliitis, lumbar facet pain, shoulder pain, and lumbar pain. No objective improvement functionally was documented with the medication regimen, which the patient was on since at least July as of the August visit. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Baclofen 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: This claimant was injured over two years ago and is working with modifications. Diagnoses two years post injury are bilateral sacroiliitis, lumbar facet pain, shoulder pain, and lumbar pain. No objective improvement functionally was documented with the medication regimen, which the patient was on since at least July as of the August visit. No acute injury spasm is noted. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit

beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request is not medically necessary.

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: This claimant was injured over two years ago. The claimant is working with modifications. Diagnoses two years post injury are bilateral sacroiliitis, lumbar facet pain, shoulder pain, and lumbar pain. No objective improvement functionally was documented with the regimen, which the patient was on since at least July as of the August visit. No neuropathic pain generators are noted or documented. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request is not medically necessary.

Ambien 10mg #20: 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), pain, 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 section, under Zolpidem.

Decision rationale: This claimant was injured over two years ago. The claimant is working with modifications. Diagnoses two years post injury are bilateral sacroiliitis, lumbar facet pain, shoulder pain, and lumbar pain. No objective improvement functionally was documented with the regimen, which the patient was on since at least July as of the August visit. No documentation of insomnia is noted. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six

weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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. (Feinberg, 2008) I was not able to find solid evidence in the guides to support a diagnosis of true insomnia. The medicine is not medically necessary.