

Case Number:	CM15-0025563		
Date Assigned:	02/18/2015	Date of Injury:	11/02/2007
Decision Date:	04/10/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/10/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 52 year-old male who has reported low back pain after an injury on 11/02/2007. The diagnoses have included lumbosacral spondylosis. Treatment to date has included physical therapy, medications, injections, interferential stimulation, and surgery. The current treating physician reports are from a pain management physician who sees the injured worker approximately monthly. The reports are stereotyped and contain much of the same information from report to report. Pain is routinely decreased by 50-75% with unspecified medications, as well as 95% improvement with all of the medications together. Listed "failed medications" included Norco, Ambien, and fentanyl; these medications were continued regardless. There was mention of weight loss and nausea, with no details given. Gait was antalgic and slow while using a cane, and the injured worker was in moderate distress. There was spasm, limited and painful range of motion, tenderness, and radicular findings. Generic drug information was given in support of the ongoing polypharmacy. Trigger point injections were given at each visit. Chronic nausea and weight loss are mentioned at each visit, with no further details. Ondansetron is prescribed routinely. Work status is not addressed specifically other than statements that the injured worker is not working. The medications now under Independent Medical Review have been prescribed chronically; with no reports to provide an individual evaluation of the specific indications and results for this injured worker. Per the PR2 of 12/4/14, there was the usual low back pain, non-specific pain relief with medications, weight loss, nausea, limited ambulation with a cane, spasm, and tenderness. The medications now under Independent Medical Review were continued with the usual generic, supporting citations. The work status

was unchanged. On 12/31/14, the injured worker was re-evaluated. There was no significantly different information presented, and the same medications were continued. Per the PR2 of 1/28/2015, there was low back pain, insomnia, "medication associated gastrointestinal upset", nausea, and depression. Pain was reduced from 8/10 to 3/10 with "medications." The injured worker reports "95% improvement" with his medications, and can do very light activities of daily living better. Failed medications included Norco, Ambien, and fentanyl. There was mention of weight loss and nausea, with no details given. Gait was antalgic and slow while using a cane, and the injured worker was in moderate distress. There was spasm, limited and painful range of motion, and tenderness. The treatment plan included trigger point injections, CURES from November 2014, pending psychiatrist evaluation, and a gastroenterology (GI) referral. There was no formal work status, although the injured worker was stated to be not working. The Utilization Review was appealed, noting that opioids were consistent with the MTUS recommendations, there was improved function and pain, and all of the other medications were listed as necessary. None of the medications requested were accompanied with patient-specific indications and results of use. The information presented was generic and the same as in prior reports. On 1/19/2015, Utilization Review partially-certified Zolpidem Tartate 10mg #30, to Zolpidem Tartate 10mg #15 for weaning, Hydrocodone/APAP 10/325mg #180 to Hydrocodone/APAP 10/325mg #90 for weaning, Orphenadrine Citrate ER #60 to Orphenadrine Citrate ER #30 for weaning, and Fentanyl patch 75mcg/hr #10, to Fentanyl patch 75mcg/hr #5 for weaning. A spine surgeon evaluation, gabapentin, pantoprazole, mirtazapine, and Viagra were certified. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg, 1 tab PO once a night #30: Upheld

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

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

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short-term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. This injured worker has been prescribed this hypnotic for more than two months. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. None of the reports addresses the specific results of use. The reports do not show specific and significant benefit of zolpidem over time. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

Hydrocodone Acetaminophen 10/325mg, 1 PO Q4-6 hrs PRN max 6/day, pain #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are no reports of any drug testing. The prescribing physician does not specifically address function with respect to prescribing opioids. The reports provide only the most generic and non-specific references to improvements in pain and function. The reports are internally contradictory, as benefits of medications are anywhere from 50 to 95%, at the same time that only the most minimal of functions are described, gait is poor, and the injured worker is not working. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Orphenadrine Citrate ER, 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Fentanyl 75mcg/hr patch, apply 1 patch to skin, change Q 72hrs, pain #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management: Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Fentanyl: Not recommended for musculoskeletal pain.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are no reports of any drug testing. The prescribing physician does not specifically address function with respect to prescribing opioids. The reports provide only the most generic and non-specific references to improvements in pain and function. The reports are internally contradictory, as benefits of medications are anywhere from 50 to 95%, at the same time that only the most minimal of functions are described, gait is poor, and the injured worker is not working. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. The Official Disability Guidelines recommend against fentanyl for musculoskeletal pain. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and the Official Disability Guidelines, and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.