

Case Number:	CM15-0025859		
Date Assigned:	02/18/2015	Date of Injury:	03/01/2010
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male, with a reported date of injury of 03/01/2010. The diagnoses include chronic low back pain, right sciatic pain, lumbar degenerative disc disease, and pain-related insomnia. Treatments have included topical pain medication, oral pain medication, an epidural steroid injection at L2-3 on 10/21/2014, an MRI of the lumbar spine on 02/06/2014, an x-ray of the lumbar spine on 02/06/2014, and multi-level lumbar laminectomy with lateral interbody fusion at L3-4 and L4-5 on 10/22/2010. The progress report dated 12/31/2014 indicates that the injured worker continued to have chronic low back pain, with radicular symptoms to the right lower extremity. He rated his pain 7-8 out of 10 without medications and 4 out of 10 with Norco. The Norco was prescribed due to the injured worker having a skin reaction to the Butrans patch. Ambien was prescribed, which seemed to help well with his pain-related insomnia. It was noted that the injured worker was better rested and less fatigued during the day when he took the Ambien the night before. The treating physician requested DSS Sodium 250 #90, with three refills to help manage the narcotic-related constipation, Ambien 10mg #20 to manage his pain-related insomnia and improve his sleep, with one refill, and Norco 10/325mg #180 to help manage the pain and improve function. On 01/22/2015, Utilization Review (UR) modified the request for DSS Sodium 250 #90, with three refills, Ambien 10mg #20, with one refill, and Norco 10/325mg #180. The UR physician noted that the guidelines support prophylactic treatment of constipation for patients on opioid medication, the request exceeds guideline recommendations for short-term Ambien use, and there was documentation that the injured worker only experienced minimal, temporary

improvements with prior long-term Norco use and continued weaning was appropriate. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DSS Sodium 250mg #90 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Constipation, California Chronic pain Medical Treatment Guidelines (May 2009)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Opioid- Initiating Therapy and Long-term users of Opioids, pages.

Decision rationale: DSS Sodium is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The DSS Sodium 250mg #90 with 3 Refills is not medically necessary and appropriate.

Ambien 10mg #20 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien®), pages 877-878

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic

injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg #20 with 1 Refill is not medically necessary and appropriate.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #180 is not medically necessary and appropriate.