

Case Number:	CM15-0027878		
Date Assigned:	02/26/2015	Date of Injury:	11/22/1996
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 64 year old female, who sustained an industrial injury on 11/22/96. She has reported severe low back pain. The diagnoses have included lumbar radiculopathy, status post lumbar interbody, status post removal of hardware, severe left pelvic upswing, and bilateral SI joint dysfunction. Treatment to date has included lumbar fusion with postoperative infections, steroidal injections, physical therapy, and medications. Currently, the injured worker complains of low back pain. Progress note dated 12/17/14, noted the injured worker stated the medications remain effective and reduced her pain to a more tolerable level. On 1/22/15, Utilization Review non-certified Ambien 10 mg #120 3 refills, noting it is not supported when utilized on a daily basis; Fiorinal 50-325-40 mg #90 with 3 refills, noting it should be discontinued and; Lidoderm 5% patch 700 mg #30 with 3 refills, noting the use for at least 6 months would be supported; Mobic 7.5 mg #60 with 3 refills, noting it should not be used following her 65th birthday; Norco 10-325 mg #120; Prevacid DR 30 mg #30 with 3 refills would be used with Mobic; and Xanax 0.25 mg #90 with 3 refills, noting its use is not supported when used with opioids. The MTUS, ACOEM Guidelines, were cited. On 2/13/15, the injured worker submitted an application for IMR for review of Ambien 10 mg #120 3 refills; Fiorinal 50-325-40 mg #90 with 3 refills; Lidoderm 5% patch 700 mg #30 with 3 refills; Mobic 7.5 mg #60 with 3 refills; Norco 10-325 mg # 120; Prevacid DR 30 mg #30 with 3 refills; and Xanax 0.25 mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #120 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com- Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien) 1/2).

Decision rationale: The MTUS does not address Ambien, but according to the ODG cited, Ambien is a short-acting hypnotic that can be used to treat insomnia for a short-term (7-10 days). It is generally never recommended for long-term use, can be habit-forming, and may increase pain and depression over time. Although the injured worker has been long-term on Ambien for excessive anxiety, coping, and sleep dysfunction, Ambien is not supported for indefinite use or at the current dosage prescribed. Based on the medical records available and concern of prolonged use, Ambien 10 mg #120 with 3 refills is not medically necessary.

Fiorinal 50-325-40 mg #90 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com- Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The MTUS cited states that barbiturate-containing analgesic agents (BCAs), such as Fiorinal, are not recommended for chronic pain. Although Fiorinal has been used for migraine headache treatment, the potential for drug dependence is high, with risk for medication overuse, and rebound headache. The injured worker has been using Fiorinal three times daily, and per the above guidelines, the request for Fiorinal 50-325-40 mg #90 with 3 refills is not medically necessary or appropriate.

Lidoderm 5% Patch 700 mg #30 Refills: 3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com-Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The MTUS guidelines cited state that topical lidocaine is not a first-line treatment for localized peripheral pain; however, it may be recommended in cases where there has been a prior trial of first-line therapy with medications such as tricyclics, anticonvulsants, or serotonin and norepinephrine reuptake inhibiting antidepressants. Although Lidoderm is only FDA indicated for neuropathic pain due to post-herpetic neuralgia, it has FDA orphan status in treatment of chronic neuropathic pain disorders. The injured worker in this case, has had a long history of neuropathy documented by symptomatology, exam, and diagnostic findings. She has been on long-term first-line therapy with amitriptyline, plus various narcotics and analgesics. However, with the Lidoderm patch, she demonstrated decreased pain and increased functional improvement. The request for Lidoderm Patch 5% (700 mg/patch) #60 with 3 refills based on the MTUS guidelines is medically necessary and appropriate.

Mobic 7.5 mg #60 Refills: 3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com-Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation 2012 American Geriatric Society Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, Non-COX-selective NSAIDs, oral.

Decision rationale: Per the MTUS guidelines cited, NSAIDs are recommended as a second-line treatment after acetaminophen, in the case of acute exacerbations of chronic back pain. For chronic low back pain, they are recommended for short-term relief of symptoms, while in neuropathic pain treatment, NSAIDs have been found to be inconsistent for long-term pain relief. In this case, the injured worker has had effective relief of symptoms from Mobic, and use is not

completely contraindicated by the BEERS criteria, since she is less than 75 years old and is taking a proton-pump inhibitor for gastroprotective effects. Based on the medical records available and guidelines cited, Mobic 7.5 mg #60 with 3 refills is medically necessary.

Norco 10-325 mg #120 Refills: 00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com-Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing consistent with prescriptions, no abnormal behavior, and objective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. Utilization Review's note from January 20, 2015, recommended that opioids may be continued judiciously if pain and function are improved. Based on the available records, Norco 10/325 mg #120 is medically necessary, with appropriate routine follow-up per MTUS guidelines.

Prevacid DR 30 mg #30 Refills: 3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com-Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as Prevacid DR 30 mg, would be indicated in those started on a NSAID with an

intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician and Utilization Review notes, the injured worker is on Mobic and does meet criteria for being at risk for an intermediate GI event. Therefore, the request Prevacid DR 30 mg #30 with 3 refills is medically necessary.

Xanax 0.25 mg #90 Refills: 3, as an outpatient for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com-Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66.

Decision rationale: According to the cited MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker's records indicate that she has been on Xanax long-term for extreme anxiety, and that the treating physician had been advised on 1/20/15 to begin a weaning program. Based on the cited guidelines and medical records available, Xanax tab 0.25mg #90 with 3 refills is not medically necessary or appropriate.