

Case Number:	CM15-0029424		
Date Assigned:	02/23/2015	Date of Injury:	06/27/2013
Decision Date:	04/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 38 year old female who sustained a work related injury on June 27, 2013. She works as a teacher's aide for handicapped people and incurred injuries when she fell down stairs. She complained of low back pain with radiation to her legs and buttocks, knee pain and left shoulder pain. Treatment included pain medication, physical therapy and knee injections. She was diagnosed with a left shoulder rotator cuff strain, low back multilevel degenerative disc disease and right knee patellofemoral syndrome. Currently, the injured worker complains of low back pain with radiation into the thighs and knees. On January 30, 2015, a request for one prescription for Norco 10/325mg, #90 was modified to one prescription of Norco10/325, #60; one prescription of Butrans 10mcg patch; one prescription of Tylenol #4 and one prescription of Zolpidem 5mg was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for norco 10/325MG #90 with 3 refills. The review of the reports indicates that the patient has been on opioids such as Tylenol #4 and Percocet since 2013. The patient has been utilizing Norco since at least 12/10/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater has addressed urine drug screening on 08/26/14. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. There is no history of detoxification or prior opiate addiction. The request IS NOT medically necessary.

Butrans 10mcg patch with 3 refills: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Butrans Page(s): 76-78, 88-89, 26.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Butrans 10mcg patch with 3 refills. The patient has been utilizing Butrans since at least 08/26/14. The 12/02/14 progress report states, "Butrans patches helped for pain but the effect starts wearing off early in about 4 to 5 days. Some of the Butrans patches do not help at all for pain. Other Butrans patches do help well." Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding Butrans/Buprenorphine MTUS Guidelines page 26 states, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In this case, the treater has addressed urine drug screening on 08/26/14. The four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional

improvement. There is no history of detoxification or prior opiate addiction. The request IS NOT medically necessary.

Tylenol #4 #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Tylenol #4. The patient had been utilizing Tylenol #4 from 06/27/13 to 12/10/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the utilization review letter on 01/30/15 indicates that "The patient states that this medication is not helping the pain. The medication has been switched to Norco." The treater does not explain as to why Tylenol #4 is being requested again since the treater switched Tylenol #4 to Norco. Urine drug screening is addressed. But, the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Zolpidem 5mg #20 with 3 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia treatment.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Zolpidem 5mg #20 with 3 refills. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: "Zolpidem --Ambien --generic available--, Ambien CR-- is indicated for the short-term treatment of insomnia with difficulty of sleep onset --7-10 days--. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, there is no documentation regarding the patient's insomnia. The current request of Zolpidem #20 with 3 refills exceeds the short-term use

recommended by ODG guidelines. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The request IS NOT medically necessary.