

Case Number:	CM15-0217285		
Date Assigned:	11/09/2015	Date of Injury:	10/18/2001
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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: Montana, Oregon, Idaho Certification(s)/Specialty: Orthopedic Surgery

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 was a 54 year old male, who sustained an industrial injury, October 18, 2001. The injured worker was undergoing treatment for lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, cervical disc displacement without myelopathy and brachial neuritis or radiculitis. According to progress note of September 1, 2015, the injured worker's chief complaint was neck pain and lower back pain. The injured worker rated the pain at 7 out of 10. The pain was rated at 5 out of 10 with pain medication and 8 out of 10 without pain medication. The pain was described as aching, sharp, shooting, stabbing, throbbing, and paresthasias. The pain radiated to the upper back, middle back, left hip, right hip, left thigh, right thigh, left knee, right knee, left leg, right leg, left calf, right calf, left ankle, right ankle, left foot and right foot. The injured worker was suffering from constipation due to narcotics. Relieving factors were heat, rest and wearing brace. The injured worker had poor quality of sleep. The physical exam noted the injured worker walked with a cane. The injured worker had restricted range of motion of the cervical spine with flexion and extension. There was paravertebral muscle tenderness on both sides. Spinous tenderness noted at C6 and C7. The lumbar spine range of motion was limited due to pain. Palpation of the paravertebral muscles noted tenderness on both sides. The spinous process tenderness was noted on L1, L2, L3, L4 and L5. There was tenderness noted of the sacroiliac spine. The injured worker previously received the following treatments facet joint injections, epidural steroid injections, TENS (transcutaneous electrical nerve stimulator) unit without significant improvement, lumbar spine MRI on July 9, 2014, psychological services, functional restoration program, Naproxen, Gabapentin, Percocet,

Hydroxyzine, Temazepam, Prozac and Senna laxative. The UR (utilization review board) denied certification on October 29, 2015 for new prescriptions for Norco 10-325mg #60 and Ambien 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this case the worker is 54 years old and was injured in 2001 and is being treated for chronic pain. He has been prescribed opioids for an unspecified period. Based on the documentation there is insufficient evidence to recommend the chronic use

of opioids. There is no documentation of increased level of function, percentage of pain relief, duration of pain relief, compliance with urine drug screens, a signed narcotic contract or that the injured worker has returned to work. The current guidelines provide very limited support to recommend treatment of non-malignant pain beyond 16 weeks. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.

Ambien 5mg #30: 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), Mental Illness & Stress: Zolpidem (Ambien) (2015).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. In this case the worker was injured in 2001. The submitted documentation supports that the injured worker has been prescribed Ambien since at least 9/15. The worker is being treated for chronic pain and long term use of Ambien beyond 6 weeks is not recommended by the cited guidelines. Therefore the request is not medically necessary.