

Case Number:	CM15-0218800		
Date Assigned:	11/12/2015	Date of Injury:	06/04/1998
Decision Date:	12/28/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on 6-4-1998. The medical records indicate that the injured worker is undergoing treatment for thoracic sprain, lumbar sprain, low back strain, degenerative joint disease, failed back surgery x3, and sciatica. According to the progress report dated 10-1-2015, the injured worker presented for follow-up and medication refill. She describes the discomfort as burning, pain, throbbing, aching, and varying with activity, increasing with movement, discomfort, tightness, numbness, continuous, random, shooting, mild, moderate, and severe. On a subjective pain scale, she rates her pain 3-4 out of 10. The physical examination reveals pain-tenderness over the thoracic and lumbar spine. There is moderate muscle spasms noted in the lumbar spine. The medications prescribed are Norco, Chantix, Ambien (since at least 8-27-2015), Wellbutrin, and Gabapentin. She notes that the medications help relieve her pain. Previous diagnostic studies were not indicated.

Treatments to date include medication management and surgical intervention. Work status is described as retired. The original utilization review (10-26-2015) had non-certified a request for Norco 10- 325mg #180, Chantix 0.5mg #30, and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 6-4-1998. The medical records provided indicate the diagnosis of thoracic sprain, lumbar sprain, low back strain, degenerative joint disease, failed back surgery x3, and sciatica. Treatments have included Norco , Chantix, Ambien (since at least 8-27-2015), Wellbutrin, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #180. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate lack of functional improvement, based on MTUS definition, despite the use of this medication. The medical records indicate she has been taking this medication at least since 2002, whereas the MTUS does not recommend the use of opioids for longer than two weeks for the treatment of back pain. The medical records do not indicate her pain and functional improvement values are being recorded using numerical scale and being compared with baseline values every six months, as is recommended by the MTUS for individuals on opioid treatment for longer than six months.

Chantix 0.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/health/PMHT0012611/?report=details#side_effects, Varenicline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Medscape varenicline (Rx) Chantix <http://reference.medscape.com/drug/chantix-varenicline-343212>.

Decision rationale: The injured worker sustained a work related injury on 6-4-1998. The medical records provided indicate the diagnosis of thoracic sprain, lumbar sprain, low back strain, degenerative joint disease, failed back surgery x3, and sciatica. Treatments have included Norco, Chantix, Ambien (since at least 8-27-2015), Wellbutrin, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Chantix 0.5mg #30. Chantix (varenicline) is a medications that has been identified by Medscape as a Smoking Cessation medication. The medical records indicate she has been using it at least since 2009 for non- industrial smoking cessation purposes. It is not listed in the MTUS list of medications for Chronic pain, neither is it listed in the Official Disability Guidelines Formulary for Workers Compensation.

Ambien 10mg #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, Pain Chapter (online version) Zolpidem (Ambien).

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).

Decision rationale: The injured worker sustained a work related injury on 6-4-1998. The medical records provided indicate the diagnosis of thoracic sprain, lumbar sprain, low back strain, degenerative joint disease, failed back surgery x3, and sciatica. Treatments have included Norco, Chantix, Ambien (since at least 8-27-2015), Wellbutrin, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. The MTUS is silent on this medication, but the Official Disability Guidelines states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia.