

Case Number:	CM15-0219669		
Date Assigned:	11/12/2015	Date of Injury:	02/04/2009
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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:

This injured worker is a 54 year old male, who sustained an industrial injury on 02-04-2009. The injured worker was diagnosed as having lumbar myoligamentous sprain-strain, cervical myoligamentous sprain-strain with radicular symptoms radiation to the shoulder, medial scapular region and proximal part of the arms. Right ankle internal derangement, and cervical - migraine headaches, right shoulder internal derangement and left shoulder internal derangement. On medical records dated 08-20-2015 and 10-06-2015, the subjective complaints were noted as neck pain and cervicogenic headaches. Pain radiation down to both shoulders and upper back. Pain was rated as highest a 6 out of 10, but was manageable on medications. Objective findings were noted as cervical spine tenderness to palpation bilaterally increased muscle tone. Numerous trigger points those are palpable and tender throughout the cervical paraspinal muscles and decreased range of motion was noted. Lumbar spine revealed tenderness to palpation bilaterally with increased muscle tone, numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles, decreased range of motion with muscle guarding. No mention of sleep disturbance or problems falling asleep were noted. Treatment to date included epidural injections, self - directed physiotherapy and medication. Current medications were listed as Norco (since at least 09-2015), Soma, Medicinal Marijuana, Dorsal, Prilosec (since at least 09-2015), Glipizide, Metformin, Celexa, Benazepril and Imitrex. The Utilization Review (UR) was dated 10-20-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Prilosec 20mg - 1 tablet BID PRN #60, Norco 10-325mg 1 tablet TID #80 and Ambien 10mg 1 tablet at bedtime PRN #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 10/6/15 progress report provided by the treating physician, this patient presents with persistent neck pain with associated cervicogenic headaches, with pain radiating down bilateral shoulders and upper back which can go as high as 6/10, right shoulder pain aggravated by any type of overhead activity, low back pain which now radiates downright lower extremity in L5-S1 distribution, and right wrist pain which occurred when legs gave out causing him to fall on his outstretched right hand. The treater has asked for Norco 10/325MG 1 tablet TID #90 on 10/6/15. The patient's diagnoses per request for authorization dated 10/6/15 are lumbar HNP rad, and cervical HNP rad. The patient is s/p epidural steroid injection from 7/8/13, which gave several months of benefit and increased activity level per 9/3/15 report. The patient gets good relief from Norco and Soma per 10/6/15 report. The patient is s/p lumbar MRI from 4/12/12, which showed a 5-6mm disc protrusion compression left S1 nerve root with associated facet arthropathy, and a 4mm disc protrusion at L4-5 with mild central canal stenosis per 9/3/15 report. The patient is currently permanent and stationary as of 9/3/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (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, Criteria for Use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient has been taking Norco since 4/1/15 and in subsequent reports dated 8/6/15, 9/3/15 and 10/6/15. The patient's current oral medications, which include Norco, provide 30-40% relief, which lasts 4-6 hours enabling him to do a home exercise program per 10/6/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen from 8/10/15 was consistent, but no CURES and no opioid contract were provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.

Ambien 10mg, 1 tablet at bedtime PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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) Chapter under Zolpidem (Ambien).

Decision rationale: Based on the 10/6/15 progress report provided by the treating physician, this patient presents with persistent neck pain with associated cervicogenic headaches, with pain radiating down bilateral shoulders and upper back which can go as high as 6/10, right shoulder pain aggravated by any type of overhead activity, low back pain which now radiates downright lower extremity in L5-S1 distribution, and right wrist pain which occurred when legs gave out causing him to fall on his outstretched right hand. The treater has asked for Ambien 10mg, 1 tablet at bedtime prn #30 on 10/6/15. The patient's diagnoses per request for authorization dated 10/6/15 are lumbar HNP rad, and cervical HNP rad. The patient is s/p epidural steroid injection from 7/8/13, which gave several months of benefit and increased activity level per 9/3/15 report. The patient gets good relief from Norco and Soma per 10/6/15 report. The patient is s/p lumbar MRI from 4/12/12, which showed a 5-6mm disc protrusion compression left S1 nerve root with associated facet arthropathy, and a 4mm disc protrusion at L4-5 with mild central canal stenosis per 9/3/15 report. The patient is currently permanent and stationary as of 9/3/15 report. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. (Feinberg, 2008)" The treater does not discuss this request in the reports provided. Review of the reports does not show any evidence of prior use of Ambien. The patient has been taking Soma for "insomnia" since 4/1/15 and the patient "has additional prescription refills for Soma from his last visit" per requesting 10/9/15 report. The treater has made an initiating prescription for Ambien in progress report dated 10/6/15 but does not provide a discussion regarding this change from Soma to Ambien. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. The request for quantity 30 does not indicate intended short-term use, and exceeds ODG indications. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Prilosec 20mg, 1 tablet BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 10/6/15 progress report provided by the treating physician, this patient presents with persistent neck pain with associated cervicogenic headaches, with pain radiating down bilateral shoulders and upper back which can go as high as 6/10, right shoulder pain aggravated by any type of overhead activity, low back pain which now radiates downright lower extremity in L5-S1 distribution, and right wrist pain which occurred when legs gave out causing him to fall on his outstretched right hand. The treater has asked for Prilosec 20MG, 1 tablet bid prn #60 on 10/6/15. The patient's diagnoses per request for authorization dated 10/6/15 are lumbar HNP rad, and cervical HNP rad. The patient is s/p epidural steroid injection from 7/8/13, which gave several months of benefit and increased activity level per 9/3/15 report. The patient gets good relief from Norco and Soma per 10/6/15 report. The patient is s/p lumbar MRI from 4/12/12, which showed a 5-6mm disc protrusion compression left S1 nerve root with associated facet arthropathy, and a 4mm disc protrusion at L4-5 with mild central canal stenosis per 9/3/15 report. The patient is currently permanent and stationary as of 9/3/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID; NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The treater does not discuss this request in the reports provided. Prilosec has been prescribed since progress report dated 4/1/15 and in subsequent reports dated 8/6/15, 9/3/15 and 10/6/15. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. The patient is not currently on any NSAIDs. In addition, the treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why she would need to continue on Prilosec. Given the lack of documentation as required by guidelines, the requested medication cannot be substantiated. Hence, the request is not medically necessary.