MAXIMUS Federal Services

Case Number:	CM15-0037203		
Date Assigned:	03/05/2015	Date of Injury:	10/24/2009
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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 56-year-old male, who sustained an industrial injury on October 24, 2009. The diagnoses have included discogenic low back pain with elements of stenosis, lumbar stenosis with surgical repair. Treatment to date has included medication. Currently, the injured worker complains of knee and back pain. The Primary Treating Physician's report dated February 4, 2015, noted palpation of the back demonstrated areas of tenderness in the upper lumbar with some swelling, mid thoracic pain to palpation, and pain with rotation to mid back. Straight leg raising test was noted to be positive on the right side with right leg dysesthesia. The injured worker was noted to ambulate with an antalgic gait with a cane. On February 12, 2015, Utilization Review non-certified Norco 10/325mg #60, Tagamet 300mg #60, and Ambien 10mg #60. The UR Physician noted that the documentation lacked evidence of the injured worker having risk factors for gastrointestinal (GI) events, therefore, the Tagamet was non-certified. The request for Norco 10/325mg #60 and Ambien 10mg #60were partially approved for #45 for each medication to commence weaning. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 27, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #60, Tagamet 300mg #60, and Ambien 10mg #60.

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 Treatment Guidelines Opioid Page(s): 82-8, 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 2/12/15 Utilization Review letter states the Norco 10/325mg, #60 requested on the 2/4/15 medical report was modified to allow #45 tablets for weaning, because there was no CURES report or UDS provided, and no change in functionality. According to the 2/5/15 orthopedic report, the patient presents with 7/10 back and knee pain. "Patient states that the pain medication is beneficial." The report does not discuss which medications were beneficial or how they were beneficial, or whether there was decreased pain, improved function or improved quality of life. Prior medical reports dated 12/10/14; 10/15/14 and 7/30/14 were reviewed for any evidence of functional improvement or efficacy with use of the medications. The prior medical reports did not provide evidence of any functional improvement, or subjective improvement in pain with use of the medications. There was no discussion of side effects or use of any tools to monitor for aberrant behavior or compliance. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term have not been met. Based on the provided reports, the request for "Norco 10/325mg, #60" IS NOT medically necessary.

Tagamet 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

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

Decision rationale: The 2/12/15 Utilization Review letter states the Tagamet 300mg, #60 requested on the 2/4/15 medical report was denied because guidelines do not recommend prophylactic use of H2 receptor antagonists unless the patient is shown to be at risk for GI events. According to the 2/5/15 orthopedic report, the patient presents with 7/10 back and knee pain. There is no mention of ulcer, GERD, or dyspepsia from NSAIDs. There is no discussion of

GI risk factors that would allow for use of an H2 receptor antagonist such as Tagamet for prophylactic purposes. Prior medical reports dated 12/10/14, 10/15/14 and 7/30/14 were reviewed for any evidence of efficacy or rationale for use of Tagamet. The prior medical reports did not discuss outcome measures or rationale for Tagamet. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also, determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. The reporting does not document a clinical need to use Tagamet as treatment, and does not document any of the MTUS risk factors for GI events that would allow use on a prophylactic basis. Based on the provided reports, the request for "Tagamet 300mg, #60" IS NOT medically necessary.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, for Zolpidem (Ambien®).

Decision rationale: The 2/12/15 Utilization Review letter states the Ambien 10mg, #60 requested on the 2/4/15 medical report was modified to allow #45 for weaning because guidelines do not recommend long-term use. According to the 2/5/15 orthopedic report, the patient presents with 7/10 back and knee pain. "Patient states that the pain medication is beneficial." There was no discussion of insomnia or sleep disturbance, or efficacy or rationale for use of Ambien. Prior medical reports dated 12/10/14; 10/15/14 and 7/30/14 were reviewed for any evidence of efficacy or rationale for use of Ambien. The reports show the patient has been using Ambien since 7/30/14, but did not discuss any benefits or insomnia problems. MTUS/ACOEM did not specifically discuss Ambien. ODG guidelines were consulted. ODG-TWC guidelines, Pain chapter, for Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The request for continued use of Ambien over 10 days is not in accordance with ODG guidelines. The request for "Ambien 10mg, #60" IS NOT medically necessary.