

Case Number:	CM15-0054713		
Date Assigned:	03/30/2015	Date of Injury:	10/08/2000
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: Family Practice

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 62 year old female who sustained an industrial injury on 10/08/2000. Diagnoses include cervical degenerative disk disease with cervicgia, bilateral upper extremity complex regional pain syndrome, right more severe than left, with mild early spread to bilateral lower extremities, status post spinal cord stimulator implant and revision, myofascial syndrome, sleep disturbance, cervicogenic headaches secondary to cervicgia, IPG battery failure, recently replaced with technical difficulties. Treatment to date has included diagnostics, surgery, cortisone injections, status post spinal cord stimulator implant and revision, implantable pulse generator battery failure which was recently replaced, TENS Unit, chiropractic sessions, physical therapy, pool therapy and home exercises, and medications. A physician progress note dated 01/22/2015 documents the injured worker received a tendon injection to the right hand due to exquisite pain in her right wrist over the dorsum, with good pain relief. She rates her pain as 5-6 out of 10 and pain is constant. Treatment plan is for Celebrex for its anti-inflammatory functions, Hydrocodone for pain, Zolpidem which is very effective for her sleep. She also needs replacement of dual eight electrodes for her neck, connected to the IPG, and dual electrode for the low back, connected to the same IPG to cover the pain in her low back and legs. Treatment requested is for Celebrex dosage & quantity unknown, Long Acting Hydrocodone dosage & quantity unknown, and Zolpidem dosage & quantity unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Long Acting Hydrocodone dosage & quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including preparations with hydrocodone. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be 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 that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with a long-acting preparation of hydrocodone is not considered as medically necessary. It should be noted that in the Utilization Review process, a limited supply of opioid was provided to facilitate weaning. This is consistent with the MTUS recommendations. Therefore, the request is not medically necessary.

Celebrex dosage & quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of NSAIDs as a treatment modality, including the NSAID known as Celebrex. Regarding the use of NSAIDs, the MTUS overall dosing recommendations are as follows: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. In this case, the records indicate that Celebrex has been used as a long-term treatment strategy for this patient's chronic pain syndrome. Long-term use is not consistent with the above cited MTUS guidelines. Further, there is no rationale provided in the record to justify long-term use. The request is not medically necessary.

Zolpidem dosage & quantity unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)- Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain/Chronic Section: Zolpidem/Ambien.

Decision rationale: The Official Disability Guidelines comment on the use of Zolpidem (also known as Ambien) as a treatment modality. Zolpidem is a prescription short-acting nonbenzodiazepine 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. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The ER product is still more risky than IR. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Among those who took Ambien CR, the problem was more common: 33% of women and 25% of men had blood concentrations that would raise the risk of a motor vehicle accident eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the medical records indicate that Zolpidem is being used as a long-term treatment strategy for this patient's insomnia. Long-term use of Zolpidem is not consistent with the Official Disability Guidelines. Therefore, the request is not medically necessary.