

Case Number:	CM15-0057039		
Date Assigned:	04/01/2015	Date of Injury:	09/07/1996
Decision Date:	05/18/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/25/2015

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, Arizona
 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 66-year-old male who reported an injury on 09/07/1996; the mechanism of injury is not provided for review. The injured worker is currently being treated for chronic pain due to trauma and thoracic spine pain. Treatments to date include Norco, Opana, tramadol, Nuvigil, and Ambien which have been prescribed since at least 09/2014. A urine drug screen dated 08/14/2014 was noted to be consistent for prescribed medications. The most recent clinical note dated 02/24/2015 noted the injured worker returned for complaints of pain to the ribs and groin area that had been going on for more than 10 years and was described as being constant. It was noted at the time that pain gets better by taking medication and resting. Average pain level with medications was 5 and the injured worker experiences greater than 50% pain relief with the current medication regimen and is able to engage in self-care activities. Without the medication, the injured worker cannot perform these daily tasks. A focused physical examination was not provided for review. The treatment plan included continuation of the patient's medication management. It was noted that the pain level without medications was 9/10 and functionality was decreased by 80% with medications and the injured worker was able to help with light house chores, go for walks, drive, help cook light meals, is able to spend quality time with his wife and average pain level with medications is 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-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, Zolpidem (Ambien) & Insomnia treatment.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this medication however; the Official Disability Guidelines state that Ambien may be recommended for short-term (7-10 days) treatment for insomnia. The guidelines continue to state that specific components of insomnia being addressed should be noted to include sleep onset; sleep maintenance; sleep quality; and next day functioning. Although it was noted within the documentation provided that the injured worker is being prescribed this medication for insomnia there is lack of evidence that the injured worker receives a measurable therapeutic benefit when he uses this medication and the specific components to insomnia being addressed were not provided for review. Additionally, this medication is not recommended to be used beyond 10 days and documentation indicates that the injured worker has been prescribed this medication since 09/2014. Therefore, the request for Ambien 10 mg #60 is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use, Opioids, dosing Page(s): 92, 78, 86.

Decision rationale: According to California MTUS Guidelines Norco is recommended for treatment of moderate to moderately severe pain and patients prescribed opioid medication should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines continue to state that opioid medication should not exceed 120 mg oral morphine equivalents per day. While there is documentation provided that the injured worker benefits from the use of this medication, the current medication regimen equates to a total of 260 oral morphine equivalents per day. This exceeds the guideline recommendations of no more than 120 mg oral morphine equivalents per day. Therefore, the request for Norco 10/325 mg # 90 is not medically necessary.

Opana ER 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use, Opioids, dosing Page(s): 93, 78, 86.

Decision rationale: According to California MTUS Guidelines oxymorphone may be recommended for treatment for patients with severe pain however, the California MTUS Guidelines also state opioid dosage should not exceed 120 mg oral morphine equivalents per day. Based on the injured worker's current medication regimen the injured worker is currently taking approximately 260 mg oral morphine equivalents per day with grossly exceeds guideline recommendations. Therefore, Opana ER 30 mg #60 is not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use, Opioids, dosing Page(s): 93-94, 78, 86.

Decision rationale: The California MTUS Guidelines state that tramadol may be recommended for treatment of moderate to severe pain and patients prescribed opioid medications should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that patients prescribed opioid medications should not exceed 120 oral morphine equivalents per day. While there is documentation that the injured worker receives therapeutic benefit from use of the medication and there is evidence of screening for appropriate medication use, the injured worker is currently prescribed 260 oral morphine equivalents per day with the current medication regimen, which grossly exceeds the guideline recommendation. Therefore, the request for tramadol 50 mg #120 is not medically necessary.

Nuvigil 250mg #30: 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 (ODG) Pain, Armodafinil (Nuvigil).

Decision rationale: The California MTUS/ACOEM Guidelines do not address this medication. However, the Official Disability Guidelines states that Nuvigil is not currently recommended solely to counteract sedation effects of narcotics however it may be used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There was a lack of documentation provided that the injured worker has officially been diagnosed with narcolepsy or shift work sleep disorder that would benefit from the use of this medication. Additionally, there is lack of evidence within the documentation that the injured worker receives measurable therapeutic benefit from the use of this medication. Furthermore, it appears based on documentation provided that the injured worker is being prescribed this medication due to the use of narcotics

which is not currently recommended by treatment guidelines. Therefore, the request for Nuvigil 250 mg #30 is not medically necessary.