

Case Number:	CM15-0061822		
Date Assigned:	04/07/2015	Date of Injury:	08/15/2000
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old male with an industrial injury dated August 15, 2000. The injured worker diagnoses include history of low back pain, lumbar sprain/strain, lumbar degenerative disc disease, facet arthrosis, status post right inguinal repair, left shoulder girdle decompression, history of cervical sprain/strain with underlying severe spondylosis, anxiety disorder, insomnia due to pain, and constipation from narcotic use. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. According to the treating physician report dated 03/03/2015, the injured worker reported lower back pain radiating down his right leg and ongoing right lower quadrant abdominal pain radiating in his right testicle and inguinal area. He also reported neck pain and left shoulder pain. Objective findings revealed tenderness in the right inguinal area rigidity in the lumbar trunk with palpitation, limited range of motion in all planes, decrease sensation at the right lateral calf and bottom of his foot. Left shoulder exam revealed positive impingement sign with crepitus and limited range of motion. The treating physician prescribed Ambien, Lyrica and Norco now under review.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are history low back pain; lumbar sprain/strain; lumbar degenerative disc disease; facet arthrosis with intermittent right radicular symptoms; status post right inguinal hernia repair with ongoing inguinal and testicular pain (neuropathic in nature); left shoulder girdle decompression; cervical sprain/strain; anxiety disorder; insomnia due to pain; constipation from opiate use. The earliest progress note is dated August 25, 2014. The Norco start date is unclear what was prescribed in the August 25, 2014 progress note. The injured worker continues to have ongoing chronic pain. The VAS pain score from August 25, 2014 was 8/10. In the March 3, 2015 progress note, the injured workers VAS pain score remained 8/10. There is no documentation documenting objective functional improvement with ongoing Norco. The utilization review indicated tapering was appropriate. There are no risk assessments in the medical record and there are no detailed pain assessments in the medical record. There was no attempt at weaning in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments and a detailed pain assessment with ongoing chronic pain symptoms and a VAS pain scale 8/10, Norco 10/325 mg #180 is not medically necessary.

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Anti-Convulsants.

Decision rationale: Pursuant to the Official Disability Guidelines, Lyrica 75 mg #60 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing

meaningful pain reduction. In this case, the injured worker's working diagnoses are history low back pain; lumbar sprain/strain; lumbar degenerative disc disease; facet arthrosis with intermittent right radicular symptoms; status post right inguinal hernia repair with ongoing inguinal and testicular pain (neuropathic in nature); left shoulder girdle decompression; cervical sprain/strain; anxiety disorder; insomnia due to pain; constipation from opiate use. The earliest progress note is dated August 25, 2014. The treating physician prescribed Lyrica as far back as August 25, 2014. The exact start date is unclear. The treating physician prescribed Lyrica for ongoing neuropathic pain involving the inguinal region and testicular region. The injured worker continues to have ongoing inguinal and testicular pain. The documentation does not contain evidence of objective functional improvement with ongoing Lyrica. The VAS pain score from August 25, 2014 and March 3, 2015 remained at 8/10. Consequently, absent clinical documentation with objective functional improvement with ongoing Lyrica and persistently elevated VAS pain scores (8/10), Lyrica 75 mg #60 is not medically necessary.

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 (ODG) Pain (Chronic).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are history low back pain; lumbar sprain/strain; lumbar degenerative disc disease; facet arthrosis with intermittent right radicular symptoms; status post right inguinal hernia repair with ongoing inguinal and testicular pain (neuropathic in nature); left shoulder girdle decompression; cervical sprain/strain; anxiety disorder; insomnia due to pain; constipation from opiate use. The injured worker does not offer any complaints of insomnia. The difficulty sleeping is associated with chronic pain. Ambien recommended for short-term (7 to 10 days) treatment of insomnia. The treating physician prescribed a 30-day supply. This is in excess of the recommended guidelines for 7 to 10 days. Consequently, absent clinical documentation with insomnia/sleeping difficulties (unrelated to chronic pain), Ambien 10 mg #30 is not medically necessary.