

Case Number:	CM15-0084061		
Date Assigned:	05/06/2015	Date of Injury:	08/29/1992
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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
 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 female, who sustained an industrial injury on August 29, 1992. She reported neck pain, right sided. The injured worker was diagnosed as having stable chronic neck pain. Treatment to date has included diagnostic studies, cervical surgery, conservative care, medications and work restrictions. Currently, the injured worker complains of increasing neck, back and left leg pain. She reported using a walker for ambulation. The injured worker reported an industrial injury in 1992, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 8, 2015, revealed continued pain as noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain - Recommendations for general conditions; Therapeutic Trial of Opioids; Buprenorphine Page(s): 80, 76-80, 26-27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Drug Enforcement Administration Practitioner's Manual <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. The primary treating physician's progress report dated April 8, 2015 documented a history of anterior cervical discectomy and fusion 6/27/94. Date of injury was 08-29-1992. The patient continues to have about the same level of neck pain. She has no arm symptoms currently. Separately she is having increasing problems with her back and left leg. This is a separate injury. A lot of the medications she is currently taking for pain are related to the other injury. From an industrial standpoint, she currently uses the Lidoderm patch and Butrans patch 5 or 10 mcg. The 5 will be increased to 10 because of the low back issue. She is on Gabapentin 600 mg, Norco for breakthrough pain, Soma as a muscle relaxant and Zolpidem as a sleep aid. Medically she is on other medications not industrially related as follows: Crestor, Tenormin, Vitamin B12, Trilipix, Vitamin D3, Vasotec, Protonix, Zofran, Actoplus and Fosamax. On physical examination, the patient presents using a walker for back and left leg pain. With respect to her neck, she has tenderness to palpation in the right paracervical junction. Neurologically upper extremity function remains intact. Stable chronic neck pain was the assessment. The patient will continue with medical management of her chronic pain. Some additional prescriptions were given today. The medications are being used to control both her neck and low back pain with the primary focus at this time on her low back pain and left leg sciatica, which is deteriorating. Utilization review letter dated 4/23/15 documented request for Norco 10/325 mg, Butrans patch 10 mcg, and Zolpidem 12.5 mg. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request and the submitted medical records. Therefore the request for Norco 10/325 mg cannot be endorsed. Therefore, the request for Norco 10/325 mg is not medically necessary.

Butrans patch 10mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain - Recommendations for general conditions; Therapeutic Trial of Opioids; Buprenorphine Page(s): 80, 76-80, 26-27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Drug Enforcement Administration Practitioner's Manual <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. The primary treating physician's progress report dated April 8, 2015 documented a history of anterior cervical discectomy and fusion 6/27/94. Date of injury was 08-29-1992. The patient continues to have about the same level of neck pain. She has no arm symptoms currently. Separately she is having increasing problems with her back and left leg. This is a separate injury. A lot of the medications she is currently taking for pain are related to the other injury. From an industrial standpoint, she currently uses the Lidoderm patch and Butrans patch 5 or 10 mcg. The 5 will be increased to 10 because of the low back issue. She is on Gabapentin 600 mg, Norco for breakthrough pain, Soma as a muscle relaxant and Zolpidem as a sleep aid. Medically she is on other medications not industrially related as follows: Crestor, Tenormin, Vitamin B12, Trilipix, Vitamin D3, Vasotec, Protonix, Zofran, Actoplus and Fosamax. On physical examination, the patient presents using a walker for back and left leg pain. With respect to her neck, she has tenderness to palpation in the right paracervical junction. Neurologically upper extremity function remains intact. Stable chronic neck pain was the assessment. The patient will continue with medical management of her chronic pain. Some additional prescriptions were given today. The medications are being used to control both her neck and low back pain with the primary focus at this time on her low back pain and left leg sciatica, which is deteriorating. Utilization review letter dated 4/23/15 documented request for Norco 10/325 mg, Butrans patch 10 mcg, and Zolpidem 12.5 mg. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request and the submitted medical records. Therefore the request for Butrans cannot be endorsed. Therefore, the request for Butrans is not medically necessary.

Zolpidem 12.5mg, unknown quantity: 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-TWC) Pain Procedure Summary Online Version - Zolpidem (Ambien).

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) Zolpidem (Ambien). Drug Enforcement Administration Practitioner's Manual <http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Zolpidem (Ambien). ODG guidelines states that Zolpidem (Ambien) should be used for only a short period of time. The long-term use of Zolpidem (Ambien) is not supported by ODG guidelines. The primary treating physician's progress report dated April 8, 2015 documented a history of anterior cervical discectomy and fusion 6/27/94. Date of injury was 08-29-1992. The patient continues to have about the same level of neck pain. She has no arm symptoms currently. Separately she is having increasing problems with her back and left leg. This is a separate injury. A lot of the medications she is currently taking for pain are related to the other injury. From an industrial standpoint, she currently uses the Lidoderm patch and Butrans patch 5 or 10 mcg. The 5 will be increased to 10 because of the low back issue. She is on Gabapentin 600 mg, Norco for breakthrough pain, Soma as a muscle relaxant and Zolpidem as a sleep aid. Medically she is on other medications not industrially related as follows: Crestor, Tenormin, Vitamin B12, Trilipix, Vitamin D3, Vasotec, Protonix, Zofran, Actoplus and Fosamax. On physical examination, the patient presents using a walker for back and left leg pain. With respect to her neck, she has tenderness to palpation in the right paracervical junction. Neurologically upper extremity function remains intact. Stable chronic neck pain was the assessment. The patient will continue with medical management of her chronic pain. Some additional prescriptions were given today. The medications are being used to control both her neck and low back pain with the primary focus at this time on her low back pain and left leg sciatica, which is deteriorating. Utilization review letter dated 4/23/15 documented request for Norco 10/325 mg, Butrans patch 10 mcg, and Zolpidem 12.5 mg. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, quantity, and directions for use. These elements are lacking in the request and the submitted medical records. Therefore the request for Zolpidem (Ambien) cannot be endorsed. Therefore, the request for Zolpidem (Ambien) is not medically necessary.