

Case Number:	CM14-0115388		
Date Assigned:	09/16/2014	Date of Injury:	08/09/2010
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59-year old male was injured on 8/9/10. Current diagnoses include moderate pain, chronic pain syndrome, post-laminectomy syndrome, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, esophageal reflux, and sacroiliitis. Treatment has included medications, lumbar laminectomy, and epidural steroid injections. There are 5 progress notes from the primary treating physician's office in the records, ranging from 1/30/14 to 7/28/14. All document that the patient has back pain, and most that it has ranged from 4-8/10 since the preceding visit. Nearly all document the patient as having an analgic gait and walking with a cane, and as having limited back range of motion. None of them document a work status or state whether or not the patient is working. They document the patient's medications as including Vicodin, Motrin 800 TID, Atenolol and Ambien. They contain the statement that "chronic medication benefits include reduction of pain, increased activity tolerance, and restoration of partial overall functioning," but do not document any specific activity and how it has improved with medication. A request for authorization dated 7/28/14 for Norco, "Vicodin", Motrin, Atenolol and Ambien, all with three refills and none with a quantity specified was sent for utilization review. The accompanying progress note had a dosage for the Motrin of 800 mg TID and for Norco of 10/325 mg -1 TID not to exceed 2/day #45. All four medications were non-certified in UR and a request for IMR was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45 X 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for Use of Opioids, Steps to Take Before a Therapeutic Tr.

Decision rationale: Norco is an opioid medication consisting of hydrocodone 10 mg combined with acetaminophen 325 mg. Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. None of the above recommendations appear to have been instituted in this patient's case. No goals were set for pain or function levels and no monitoring for them have occurred. There has been no documented functional improvement, and it appears likely that the patient is not working. Based on these clinical findings and the guideline references continued Norco10/325 is not medically indicated because it has not resulted in any improvement in any measurable outcome in this patient. Norco10/325 #45 with 3 refills is not medically necessary because the MTUS criteria for its use have not been met.

Vicodin (No Strength or Quantity Provided) X 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain;Criteria for Use of Opio.

Decision rationale: Per the MTUS, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. Vicodin is also an opioid with essentially the same ingredients as Norco, except that it usually contains hydrocodone combined with 500 mg of acetaminophen. Since the dosage and amounts are not specified, it is impossible to determine whether or not it is medically necessary. However, even if a dose and amount were specified, it would not be indicated for the same reasons that Norco is not. None of the above recommendations appear to have been instituted in this patient's case. No goals were set for pain or function levels and no monitoring for them have occurred. There has been no

documented functional improvement, and it appears likely that the patient is not working. Based on these clinical findings and the guideline references, Vicodin is not medically indicated because no dosage or amount was specified, and because a similar medication has not resulted in any improvement in any measurable outcome in this patient. Vicodin of any strength and quantity with 3 refills is not medically necessary because the MTUS criteria for its use have not been met.

Motrin 800mg (No Quantity Provided) 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Chronic Low Back P.

Decision rationale: The MTUS guidelines states that "medications should be started individually while other treatments are held constant, with careful assessment of function." There should be functional improvement with each medication in order to continue it. The MTUS references regarding NSAIDs state that NSAIDs are "recommended as an option for short-term symptomatic relief of chronic low back pain." NSAIDs may be used to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain, but there is only inconsistent evidence to support their use for long-term neuropathic pain. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. They should determine if the patient is at risk for GI events. Risk factors include age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, or an anticoagulant; or high-dose or multiple NSAIDs, or an NSAID combined with aspirin. Ibuprofen 800 mg with no quantity specified, and with three refills cannot be determined to be medically necessary based on the inability to know how much of this medication would be dispensed. However, the clinical findings in this case do not support the ongoing usage of Motrin, even if the amount had been specified. None of the criteria listed above have been met. The patient has not been appropriately assessed for its risks, because it has produced no functional recovery, and because it is not indicated for long-term treatment of low back pain, the request for Motrin 800 mg, in any quantity with 3 refills is not medically necessary.

Ambien (No Strength or Quantity Provided) X 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

Decision rationale: Ambien is a non-benzodiazepine sedative hypnotic. In this case it also cannot be determined whether or not it is medically necessary based on the lack of dosage and quantity information alone. Again however, it would not be medically necessary even if the dose

and quantity had been specified. Per the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Per the ODG referenced, treatment of insomnia should be based on its etiology. The specific components of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Zolpidem [Ambien] is indicated for the short-term (7-10 days) treatment of insomnia with difficulty of sleep onset. There was no documented evaluation of the etiology or type of the patient's insomnia, so it is unclear if it is the appropriate medication for the patient's sleep difficulties. There is no documentation of any improvement in function with the use of Ambien. If the form of Ambien prescribed is short acting, it is not indicated for more than 10 days. There is no documentation of improvement in function or of sleep as a result of taking Ambien. Based on the evidence-based references cited and the clinical findings in this case, Ambien is not medically indicated. Ambien in any dose and quantity is not medically necessary because no assessment of the patient's insomnia is documented, and because there is no documentation of any improvement in function or sleep which might outweigh its potential side effects. The request is not medically necessary.