

Case Number:	CM14-0132599		
Date Assigned:	08/22/2014	Date of Injury:	01/23/2008
Decision Date:	10/21/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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 Orthopedic Surgery and is licensed to practice in Indiana. 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:

The injured worker is a 50-year-old male with and original date of injury of 01/15/08. At the time of injury, the worker was an assistant manager at a pharmacy working 8 hours/day, 5 days/week. His job would involve standing for 3 hours while working as a cashier and walking for 5 hours which organizing shelves, helping customers, doing inventory, with constant bending and twisting of the back, frequent bending and twisting of the neck, and constant stooping. Additionally, he would lift up to 150 pounds of merchandise on a frequent basis. On the date of injury, the worker fell on a bar of soap on the floor and experienced immediate onset of pain in his back and right hip. He has lower back pain and bilateral radicular leg symptoms. Diagnoses included cervical strain/rule out herniated cervical disc with radiculitis/radiculopathy; thoracic strain/rule out herniated thoracic disc; lumbar strain with positive MRI with herniated lumbar disc with clinical findings of radiculitis/radiculopathy; and mild ligamentous strain of the right hip with advance joint disease and avascular necrosis of the femoral head. The worker was treated with an LSO brace for support and Norco 10/325 mg, Anaprox 550 mg, and Prilosec 20 mg. He was also treated with physical therapy and chiropractic treatments, 13 epidural steroid injections, and acupuncture treatments. The worker was also treated in pain management for constant intractable lower back pain with frequent pain, numbness and weakness of the lower extremities and decreased grip strength secondary to pain. On physical examination on 2/7/14, the worker was noted to have limited range of motion (ROM) of the cervical spine with a positive Spurling's test and positive Foramina Compression Test with evidence of tightness and spasm of the trapezius, sternocleidomastoid and strap muscles bilaterally; diffuse tenderness and limited ROM of the thoracic spine; decreased ROM of the lumbar spine with a positive straight leg raising (SLR) bilaterally with a positive Lasegue's on the right and equivocal Lasegue's on the left with tightness and spasm of the paraspinal musculature bilaterally; hypoaesthesia at the

anterolateral aspect of the foot and ankle bilaterally with weakness in the big toe dorsiflexor and plantar flexor bilaterally and facet joint tenderness L3 - L5 bilaterally. On an examination performed by the pain management specialist on 7/16/14, the worker had no Waddell's signs. The diagnoses recorded on that date were: 1. Chronic severe myofascial pain syndrome thoracolumbar spine; 2. Intractable lumbosacral radiculopathy; abnormal MRI lumbar spine showing 7 mm disc protrusion at T12/L1 and 5 mm disc protrusions at L4/5/ and L5/S1; morbid obesity, and sleep disorder. The claimant has been out of work on total temporary disability since 1/23/08. A request was made by the treating physician for: Oxycontin 80 mg, Norco 10/325 mg, Trazodone 150 mg, and Ambien 10 mg for the relief and cure of the worker's symptoms for pharmacologic management according to ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Ongoing Review and Documentation of Pain Relief." Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Opioids Guideline (2014) Recommendations > Subacute and Chronic Pain

Decision rationale: According to the CA MTUS Chronic Pain Treatment Guidelines, the maximum dosage of opioids used for treatment of chronic pain should not exceed 120 mg Morphine equivalents. The treating physician requested Oxycontin 80 mg, 1 tab po TID for treatment of chronic pain associated with intractable lumbar radiculopathy. This dosage is 360 mg of Morphine equivalents and exceeds the 120 mg morphine equivalents maximum. Therefore, the request for Oxycontin 80 mg #90 is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Ongoing Review and Documentation of Pain Relief." Page(s): 9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Opioids Guideline (2014) Recommendations Subacute and Chronic Pain.

Decision rationale: According to the current ACOEM V.3 Opioid Guidelines (2014), opioid use is moderately not recommended for treatment of subacute and chronic non-malignant pain. However, the use of an opioid trial is recommended if other evidence-based approaches for functional restorative pain therapy have been used with inadequate improvement in function. Opioids are then recommended for treatment of function impaired by subacute or chronic severe

pain due to diagnoses including chronic severe radiculopathy, which this worker is suffering from. Indications - Patients should meet all of the following: 1.Reduced function is attributable to the pain. Pain or pain scales alone are insufficient reasons. (1, 118, 120, 167, 208-217) 2.A severe disorder warranting potential opioid treatment is present [e.g., CRPS, severe radiculopathy, advanced degenerative joint disease (DJD)]. (1) 3. Other more efficacious treatments have been documented to have failed.(1) Other approaches that should have been first utilized include physical restorative approaches, behavioral interventions, self-applied modalities, non-opioid medications (including NSAIDs, acetaminophen, topical agents, norepinephrine adrenergic reuptake blocking antidepressants or dual reuptake inhibitors; also antiepileptic medications particularly for neuropathic pain) and functional restoration. For low back pain (LBP) patients, this also includes fear avoidant belief training and ongoing progressive aerobic exercise, and strengthening exercises. For CRPS patients, this includes progressive strengthening exercise. For DJD, this includes NSAIDs, weight loss, aerobic and strengthening exercises.x A previous trial of a muscle relaxant is generally recommended. However, if an opioid trial is contemplated, cessation of all depressant medications including muscle relaxants is advisable.4.An ongoing active exercise program is prescribed and complied with. 5. Non-opioid prescriptions (e.g., NSAIDs, acetaminophen) absent a contraindication should nearly always be the primary pain medication and accompany an opioid prescription. Other medications to consider include topical agents, norepinephrine adrenergic reuptake blocking antidepressants or dual reuptake inhibitors; also antiepileptic medications particularly for neuropathic pain).6. The lowest effective dose should be used.(188) Weaker opioids should be used whenever possible.(112, 189) Meperidine is not recommended for chronic pain due to bioaccumulation and adverse effects.7. Low-dose opioids may be needed in the elderly who have greater susceptibility to the adverse risks of opioids. Those of lower body weight may also require lower opioid doses.8. Dispensing should be only what is needed to treat the pain. Generally, this should be sufficient to cover one week of treatment at a time during the trial phase. If a trial is successful at improving function, prescriptions for up to 90-day supplies are recommended.9. Extended-release/long-acting opioids are recommended to be used on a scheduled basis, rather than as needed. (1) As needed opioids should generally be avoided for treatment of chronic pain, although limited use for an acute painful event (e.g., fracture, sprain) is reasonable. Sublingual fentanyl is not recommended for treatment of subacute or chronic pain. Caution is warranted with fentanyl patches due to unpredictable absorption. 10. Where available, prescription databases (usually referred to as [REDACTED]) should be checked for conflicting opioid prescriptions from other providers or evidence of misreporting. 11. Due to greater than 10-fold elevated risks of adverse effects and death, considerable caution is warranted among those using other sedating medications and substances including: i) benzodiazepines, ii) anti-histamines (H1-blockers), and/or iii) illicit substances. (105, 109, 167, 168) Patients should not receive opioids if they use illicit substances unless there is objective evidence of significant trauma or moderate to severe injuries. Considerable caution is also warranted among those who are unemployed as the reported risks of death are also greater than 10-fold. (109, 167) In this worker's case, there is no documentation of #4. An ongoing active exercise program is prescribed and complied with. For this reason, the ACOEM V.3 Opioid Guidelines have not been met and the requested Norco 10/325 mg #150 is not medically necessary.

Ambien 10mg #30 x 2 refills: Upheld

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

<http://www.nlm.nih.gov/medlineplus/druginfo/meds: Zolpidem>

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), Sedative Hypnotics

Decision rationale: According to the ODG Guidelines for Chronic Pain and the use of sedative hypnotics, the pharmacologic class that Ambien belongs to, Zolpidem (Ambien, generic available), (Ambien CR) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this worker's case a diagnosis of insomnia has not been made. In addition, the length of treatment, 90 days, exceeds the recommended length of treatment for insomnia. For these reasons, the request for Ambien 10 mg #30 x 2 refills is not medically necessary.

