MAXIMUS Federal Services

Case Number:	CM14-0160836		
Date Assigned:	10/06/2014	Date of Injury:	12/31/1998
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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:

The injured worker is a 56 year old male with a date of injury on December 31, 1998. As per the report of September 2, 2014, he complained of neck and back pain, which he described as constant sharp stabbing pain in his back that radiated to his right knee and caused numbness. The pain in his neck radiated to his right arm and hand. He reported that his right arm and hand felt paralyzed. He reported that the pain in his back was much more severe than the pain in his neck. On June 27, 2014, he complained of the neck and lumbar spine pain. C-spine exam revealed limited range of motion. There was generalized numbness in the right arm. Motor exam revealed flexion and adduction of the arm was 4/5. There was marked atrophy of the right arm. T-spine exam revealed limited range of motion. Motor exam revealed extensor hallucis longus was 4/5. Magnetic resonance imaging scan dated December 30, 2009 revealed evidence of fusion and instrumentation with partially solid interbody fusion from L2 to S1. He underwent cervical surgery in 2000 and lumbar surgery in 2002. No documentation of urine drug screen. Current medications include Ambien, Norco, tramadol and gabapentin 300 mg. Last documented usage of Norco, tramadol and gabapentin were on 5/9/14, but there is no mention of benefit or complication with these medications. Ambien was substituted for Lunesta on September 2, 2014. Diagnoses include chronic pain, depression, status post anterior and posterior cervical fusion, C3 through C7, opiate dependence, and status post anterior and posterior lumbar fusion, L2 through S1. The request for Tramadol 50mg (four times a day by mouth) #120 with 1 refill and Norco 10/325mg (4-6 times a day by mouth) #120 with 1 refill was denied; Ambien 10mg (at bedtime) #30 with 1 refill was modified to #14 refill 0; and Gabapentin 300mg on prescription #90 with 1 refill was modified to #42 refill 1 on September 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QID PRN #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91-93.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The Medical Treatment Utilization Schedule guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the injured worker has returned to work and (b) if the injured worker has improved functioning and pain. In this case, there is no documentation of return to work. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with continuous use. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the requested Tramadol is not considered medically necessary.

Norco 10/325mg Q4-6H PRN #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS, SPECIFIC DRUG LIST Page(s): 74; 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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)." The guidelines state opioids may be continued: (a) If the injured worker has returned to work and (b) if the injured worker has improved functioning and pain. In this case, there is no documentation of return to work. The medical records do not establish failure of non-opioid analgesics, such as nonsteroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic methods of pain management. There is no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. There is no record of a urine drug test to monitor this injured

worker's compliance. Furthermore, long-acting opioids should be considered when continuous around the clock pain management is desired. The medical documents do not support continuation of opioid pain management. Therefore, the requested Norco is not considered medically necessary.

Ambien 10mg QHS #30 with 1 refill: 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 Chapter

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 (AmbienÂ®)

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not address the issue in dispute. Per the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain which has not been addressed. Furthermore, there is no documentation of a detailed evaluation of insomnia and its causes in this injured worker. In the absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene and significant improvement of sleeping with this medication, the request is not considered medically necessary.

Gabapentin 300mg TID #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-CONVULSANTS Page(s): 16-18.

Decision rationale: Gabapentin is recommended for neuropathic pain (pain due to nerve damage). It has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. In this case, there is no clear evidence of neuropathic pain. There is no documentation of significant relief with prior use of gabapentin. Therefore, Gabapentin is not considered medically necessary.