

Case Number:	CM14-0177674		
Date Assigned:	10/31/2014	Date of Injury:	08/02/2007
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 59 year old with date of injury 8/2/07. Medical records indicate the patient is undergoing treatment for bilateral lumbar radiculopathy, failed back surgery syndrome, L4-S1 fusion, lumbar post-laminectomy syndrome, and neuropathic pain. Subjective complaints include bilateral low back pain that radiates to bilateral posterolateral thigh and calves and feet with numbness and parasthesias. Pain is worse with prolonged sitting or standing, lifting, twisting, and driving. Pain is improved by lying on back and with pain medication. Objective findings include normal visual examination of skin with a scar to lumbar region. Tenderness is noted upon palpation of paraspinal musculature. Muscle girth is symmetrical in all limbs. Range of motion (ROM) to bilateral lower extremities is restricted by pain in all directions. Lumbar ROM is restricted by pain in all directions. Lumbar flexion is worse than extension. Lumbar discogenic provocative maneuvers positive bilaterally. Sensation is intact to all limbs. Ambulation within normal limits. Waddell's signs negative bilaterally. A previous MRI revealed severe collapse at the L2-L3 and L3-L4, lumbar spine. Treatment has included physical therapy, Relafen, Vicodin, Pristiq, Serevent, Oxycontin, Norco, Gabapentin, Anaprox, Norflex, Prilosec and Temazepam. The utilization review determination was rendered on 9/30/14 recommending non-certification of Ambien 10mg #30, Relafen 500mg #60, and Pristiq 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 Mg #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 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 Chapter, Zolpidem, insomnia treatment

Decision rationale: The CA MTUS is silent regarding this topic. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication since 08/20/2014. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; and (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg #30 is not medically necessary at this time.

Relafen 500 Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Relafen Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs

Decision rationale: MTUS and ODG state regarding NSAIDs for osteoarthritis, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." For acute back pain, "Recommended as a second-line treatment after acetaminophen." For chronic back pain, "Recommended as an option for short-term symptomatic relief." For neuropathic pain, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS states "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for

each patient. Use for moderate pain is off-label. (Relafen Package Insert)". The medical documents state that multiple other pain medications were attempted. While the treating physician has documented that the patient reports 40% improvement of inflammation and pain with this medication and 40% improvement in activities of daily living. The patient has been prescribed Relafen for an unknown amount of time and does not document a trial and failure of Tylenol. MTUS recommends against long term use of NSAIDS. As such, the request for Relafen 500mg #60 is not medically necessary.

Pristiq 50 Mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation Other Guidelines: Epocrates, Pristiq monograph <https://online.epocrates.com/>

Decision rationale: Pristiq (Desvenlafaxine) is a selective serotonin reuptake inhibitor (SNRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS additionally states concerning SSRIs and pain "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain." The treating physician has indicated that medication is being prescribed to treat depression and neuropathy. The physician noted objective functional improvement of 30% with Pristiq and notes that patient experiences increased energy and focus with this medication. However, the treating physician did not document a trial and failure of first line treatments (TCAs) or provide documentation why the patient is unable to tolerate first line treatments. As such, the request for Pristiq 50mg #30 is not medically necessary.