

Case Number:	CM15-0008464		
Date Assigned:	01/26/2015	Date of Injury:	07/06/2012
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: Preventive Medicine, Occupational 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 54 year old female who sustained an industrial injury on 07/06/2012. She complains of persistent back pain, lower extremity pain, neck pain and right forearm pain. Diagnoses include low back pain-status post lumbar fusion, clinically consistent lumbar radiculopathy, and lumbar facet pain. Comorbid conditions include obesity (BMI 33). A physician progress note dated 12/12/2014 documents the injured worker complains of pain rated 10 out of 10 without medications, and 8 out of 10 with medications. Her pain is in the low back, lower extremities, neck, and right forearm. Examination reveals tenderness and spasms in the lumbar paraspinal muscles. There is stiffness noted on motion of the spine. She has decreased mobility. Straight leg raise increased her lower back pain without lower extremity pain. There is tenderness noted to the lumbar facet joints. Treatment to date has included home exercise program, walking, physical therapy, injections, lumbar brace, and rolling walker. The treating provider is requesting 2-4 Random drug screens per year, Norco 10/325 mg #60, Omeprazole 20mg #30, Tramadol Hcl 50mg #30, X-rays of the lumbar spine, (5 views), and Zolpidem 5mg #30. On 12/15/2014 Utilization Review non-certified the request for 2-4 Random drug screens per year, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Opioids. On 12/15/2014 Utilization Review modified the request for Norco 10/325 mg #60, to Norco 10/325mg, # 45 to allow the claimant to be weaned off this medication, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/15/2014 Utilization Review non-certified the request for Omeprazole 20mg, #30, and cited California Medical Treatment Utilization Schedule (MTUS)-

Non-steroidal Anti-Inflammatories. On 12/15/2014 Utilization Review modified the request for Tramadol Hcl 50mg #30, to Tramadol Hcl 50mg # 15, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/15/2014 Utilization Review modified the request for Zolpidem 5mg #30, to Zolpidem 5mg, # 15 citing Official Disability Guidelines. On 12/15/2014 Utilization Review non-certified the request for X-rays of the lumbar spine, (5 views), citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The patient is on two similar short acting opioids (Tramadol and Norco). To prevent confusion in medications and improve patient safety the provider should only prescribe one short-acting opioid. The patient has tried and failed first-line pain medication therapy (gabapentin) and the use of opioids allows her to do activities of daily living (ADLs). The provider is concerned with drug seeking behavior (patient went to another provider to get pain meds when the pharmacy didn't refill her prescription) and has appropriately requested urine drug screen monitoring. The records do not show an opioid-use contract with the patient but the records do not go back to the beginning of her treatment. It appears the patient is safely using opioid medications, has not showed signs of hyperalgesia and tolerance and since she failed first-line treatment she should be allowed to continue chronic opioid therapy. Medical necessity for use of this medication has been established.

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of NSAIDs but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since the patient is on chronic opioid therapy and the patient is using it safely it follows that use of omeprazole in this patient is appropriate. Medical necessity has been established.

Tramadol Hcl 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 67-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Ultram (tramadol) an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. However, the patient is on two similar short acting opioids (tramadol and Norco). To prevent confusion in medications and improve patient safety the provider should only prescribe one short-acting opioid. Since she is tolerating Norco and since Norco is a formulation which combines a non-opioid pain medication (acetaminophen) with an opioid, it would be a better choice for chronic pain control. It follows that continued use of tramadol is not indicated. Medical necessity has not been established.

Zolpidem 5mg #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 Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008;4(5):487-504

Decision rationale: Zolpidem (Ambien, Ambien CR) is a short-acting benzodiazepine receptor agonist medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has not adequately demonstrated effectiveness in maintaining sleep, unless delivered in a controlled-release (CR) form. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and CNS-related adverse effects. Insomnia, defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment, is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or benzodiazepine receptor agonist medications be used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. This patient has been taking zolpidem for longer than 6 weeks and is still experiencing frequent nighttime awakenings. A full evaluation for the etiology for her chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.

X-rays of the lumbar spine, (5 views): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011

Decision rationale: X-rays are a form of electromagnetic radiation used to image the body. The image or radiograph can be used to detect acute and chronic changes to the bones and tissues of the area of the body being looked at. Plain lumbo-sacral radiographs are most appropriate for patients with acute onset of symptoms associated with midline vertebral tenderness especially when the provider is considering evaluation for fracture, a neurologic deficit associated with acute trauma, a tumor, or a suspected infection. It is also routinely used in the first 4-6 weeks after an acute injury or onset of non-traumatic symptoms when none of the above diagnoses are being considered or when the provider thinks it will aid in the management of the patient. According to the American College of Radiology (ACR) flexion and extension radiography may be useful in patients which have had prior back surgery but a 5-view series is not recommended. Additionally, the provider's concern for the presence of a gross abnormality, which according to the ACR would best be imaged via a MRI or CT scan. Medical necessity for this procedure has not been established.

2-4 Random drug screens per year: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15:S1-S66 2) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is on two controlled substances (tramadol and Norco). Additionally, there is the possibility of drug-seeking behavior since the patient has gone to more than one provider asking for pain medications. Regular monitoring of the urine is appropriate although twice a year testing should be adequate for purpose as stated above. Medical necessity for this procedure has been established.