

Case Number:	CM15-0019866		
Date Assigned:	02/09/2015	Date of Injury:	05/06/2010
Decision Date:	03/31/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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: Montana

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 31 year old female, who sustained an industrial injury on May 6, 2010. She has reported severe pain from her neck to the left upper extremity, into her back, and into her toes. The diagnoses have included history of left upper extremity injury in 2007 with left carpal tunnel decompression in 2008, recurrent left carpal tunnel syndrome/ulnar neuritis, left shoulder tendinopathy, cervical strain, and left lateral epicondylitis. Treatment to date has included chiropractic treatments, acupuncture, and medications. Currently, the injured worker complains of persistent neck discomfort and stiffness with frequent headaches, and discomfort in the left hand with numbness and tingling in the fingers. The Primary Treating Physician's report dated November 10, 2014, noted the injured worker with some mild persistent tenderness present directly over the carpal and cubital tunnels of the left arm, with Tinel and Phalen signs equivocal over the carpal tunnel. Paracervical tenderness was noted, which radiated into the trapezius with some hypertonia. Additional tenderness was noted about the left shoulder and subdeltoid bursa with very mild tenderness persisting over the left lateral epicondyle. An electromyography (EMG)/nerve conduction velocity (NCV) on September 25, 2014, was noted to be normal. On December 31, 2014, Utilization Review non-certified Prevacid 20mg #60 one tab twice a day, Tramadol 150mg #60 one or two a day, Norco 5/325mg #60 to 1 a day, and Ambien 10mg #30 one a day, noting the requests were not supported by the guideline criteria provided and were not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 2, 2015, the injured worker submitted an

application for IMR for review of Prevacid 20mg #60 one tab twice a day, Tramadol 150mg #60 one or two a day, Norco 5/325mg #60 to 1 a day, and Ambien 10mg #30 one a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 20 mg #60 one tab twice a day: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors

Decision rationale: Prevacid (lansoprazole) is a proton pump inhibitor. Proton pump inhibitors and H₂ receptor antagonists are frequently used for gastrointestinal symptoms related to use of nonsteroidal anti-inflammatory medication. The MTUS notes that Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H₂-receptor antagonists or a PPI. The ODG guidelines recommend proton pump inhibitor for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) In this case the treatment records do not document any GI complaints related to use of NSAIDs or risk factors that would result in high risk for GI complaints. Without specific indication noted in the treatment records the request for Prevacid 20mg #60, 1 tablet twice daily is not medically necessary.

Tramadol 150 mg #60 one or two a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78 and 93-94.

Decision rationale: The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The medical records do not support use of tramadol within the MTUS guidelines noted above. Long-term use of tramadol, for greater than 3 months, is documented in the records. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The records do not document a complete pain assessment as noted above and no specific functional improvement is noted. Additional documentation will be required, per MTUS guidelines, to support the ongoing use of tramadol. The request for tramadol 150 mg #60, 1 or 2 a day is not medically necessary.

Norco 5/325 #60 1/2 to 1 a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical shows that the injured worker has been taking Norco at least since early 2014. Urine drug testing has been performed. The records do not document a complete pain assessment as noted above

and no specific functional improvement is noted. Additional documentation will be required, per MTUS guidelines, to support the ongoing use of Norco. The request for Norco 5/325 #60, 1/2 to 1 a day is not medically necessary.

Ambien 10mg #30 1 a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, (Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug formulary, Ambien

Decision rationale: The ODG guidelines note that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine 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 and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. Due to adverse effects the FDA now requires lower doses for zolpidem. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the medical records document use of Ambien since at least March 2014, well beyond the two to six weeks (short-term) recommendation for treatment. There is no documentation of insomnia evaluation or justification for use beyond the ODG guideline recommendations. The request for Ambien 10mg at HS #30, 1 a day is not medically necessary.