

Case Number:	CM15-0110713		
Date Assigned:	06/17/2015	Date of Injury:	06/08/2001
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: Internal 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 37-year-old male, who sustained an industrial injury on 6/8/01. The injured worker was diagnosed as having lumbosacral radiculopathy, failed lumbar back syndrome, pain disorder related psychological factors, major depressive disorder recurrent episode, unspecified neuralgia neuritis and radiculitis and fibromyalgia/myositis. Treatment to date has included lumbar transforaminal injections, oral medications including Norco, Celebrex and Paxil, lumbar surgery, physical therapy, activity restrictions and home exercise program. (MRI) magnetic resonance imaging of lumbar spine noted L3-4 possible disc pathology at L3-4 causing worsening lateral stenosis with some nerve impingement. Currently, the injured worker complains of low back pain with radiation to right anterior thigh to the knee. He noted 50-60% improvement in pain following epidural steroid injection, he also notes Norco has not been approved, so he has not been taking it and Celebrex is not really doing anything and Tizanidine is helpful in reducing muscle spasms. Physical exam noted pain over the lumbar intervertebral spaces on palpation and antalgic gait with reduced lumbar range of motion and tenderness in the lumbar paraspinal muscles bilaterally with tenderness of the bilateral shoulders, wrists and elbows. A request for authorization was submitted for Ambien, Paxil, Zanaflex, Norco and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 (Chronic): Insomnia (2015).

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 (Ambien).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The pain management progress report dated 03-16-2015 documented a prescription for Ambien. The pain management progress report dated 05-13-2015 documented low back and knee pain and a prescription for Ambien. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.

Celebrex 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects; Celebrex.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page 22. Celebrex Page 30. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. NSAIDs, specific drug list & adverse effects Page 70.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U. S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. COX-2 inhibitors (e. g. , Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The pain management progress report dated 05-13-2015 documented low back and knee pain. He has chronic low back pain and right knee pain. Patient was injured while at work in 2001. The patient states that the Celebrex is not really doing anything. Medical

records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The pain management progress report dated 05-13-2015 documented that the patient states that Celebrex was not beneficial. The use of Celebrex is not supported by MTUS guidelines. Therefore, the request for Celebrex is not medically necessary.

Norco 10/325mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain: Opioids, long-term assessment; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The pain management progress report dated 05-13-2015 documented low back and knee pain. He has chronic low back pain and right knee pain. Patient was injured while at work in 2001. He had lumbar surgery. He continues to suffer from post laminectomy pain syndrome with chronic radiculopathy. The pain is in the right low back and radiates primarily in to the right anterior thigh to the knee. Recent MRI shows possible disc pathology at L3-4 with a 7 mm disc extrusion, causing worsening lateral stenosis. This is causing some nerve impingement. He had an epidural steroid injection in November, which provided him with a reported 50-60% improvement in his pain. He states the Norco was very helpful in keeping his pain at least tolerable. The patient has chronic low back pain and symptoms of lumbosacral radiculitis. He has received transforaminal epidural steroid injection and reports improvement in his pain. He states the Norco was very helpful in keeping his pain at least tolerable. The opioid consent form and patient care agreement were reviewed. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.