MAXIMUS Federal Services

Case Number:	CM15-0113162		
Date Assigned:	06/19/2015	Date of Injury:	04/06/2001
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 04/06/2001. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having chronic low back pain and hip pain. Treatment to date has included medications. Currently, the injured worker complains of low back pain. Objective findings are decreased range of motion and muscle tenderness. A request for authorization is made for the following: 1.Tramadol HCL (hydrochloride) 50 mg Qty 60 with 2 refills, 2. Celecoxib 200 mg Qty 30 with 2 refills, 3. Gabapentin 300 mg Qty 90 with 1 refill, 4. Hydrocodone/ APAP (acetaminophen) 5/325 mg Qty 90, 5. Zolpidem 10 mg Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) 50 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Ultram Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88,89, 76-78, 80,81.

Decision rationale: The patient was injured on 04/06/01 and presents with low back pain. The request is for TRAMADOL HCL (HYDROCHLORIDE) 50 MG QTY 60 WITH 2 REFILLS. There is no RFA provided and the patient is to return to modified work duty with no specified date. She has been taking this medication as early as 12/09/14. Progress reports are provided from 12/09/14 and 01/12/15.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states: "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short- term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited."The patient has a decreased lumbar spine range of motion and is diagnosed with low back pain. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided with the intake of Norco. There are no examples of ADLs which demonstrate medication efficacy from Norco, nor are there any discussions provided on adverse behavior/side effects of Norco. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol IS NOT medically necessary.

Gabapentin 300 mg Qty 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient was injured on 04/06/01 and presents with low back pain. The request is for TRAMADOL HCL (HYDROCHLORIDE) 50 MG QTY 60 WITH 2 REFILLS. There is no RFA provided and the patient is to return to modified work duty with no specified date. The report with the request is not provided and there is no indication of when the patient began taking this medication. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. MTUS page 60 also states, A record of pain and function with the medication should be recorded, when medications are used for chronic pain. The patient has a decreased lumbar spine range of motion and is diagnosed with low back pain. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provide

and it is unknown when the patient began taking this medication. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.

Hydrocodone/ APAP (acetaminophen) 5/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 88,89, 76-78, 80,81.

Decision rationale: The patient was injured on 04/06/01 and presents with low back pain. The request is for HYDROCODONE/APAP (ACETAMINOPHEN) 5/325 MG QTY 90. There is no RFA provided and the patient is to return to modified work duty with no specified date. She has been taking this medication as early as 12/09/14. Progress reports are provided from 12/09/14 and 01/12/15.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant Radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short- term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The patient has a decreased lumbar spine range of motion and is diagnosed with low back pain. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided with the intake of Norco. There are no examples of ADLs which demonstrate medication efficacy from Norco, nor are there any discussions provided on adverse behavior/side effects of Norco. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone/APAP IS NOT medically necessary.

Zolpidem 10 mg Qty 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: Pain (chronic) - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, under Zolpidem (Ambien).

Decision rationale: The patient was injured on 04/06/01 and presents with low back pain. The request is for ZOLPIDEM 10 MG QTY 30. There is no RFA provided and the patient is to return to modified work duty with no specified date. She has been taking this medication as early as 12/09/14.MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, Zolpidem (Ambien) states, Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The patient has a decreased lumbar spine range of motion and is diagnosed with low back pain. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the patient has been taking this medication since 12/09/14 which exceeds the 7 to 10 day limit indicated by ODG Guidelines. In this case, this medication has been used on a long-term basis, which is not recommended by ODG Guidelines. Furthermore, none of the reports provided mention if the patient has insomnia or any difficulty sleeping. The requested Zolpidem IS NOT medically necessary.