

Case Number:	CM15-0113462		
Date Assigned:	06/19/2015	Date of Injury:	08/21/2001
Decision Date:	09/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old female, who sustained an industrial injury on 8/21/2001. Diagnoses include degenerative cervical intervertebral disc, cervicgia, degenerative thoracic/thoracolumbar disc, degenerative lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis, lumbago, cervicocranial syndrome, carpal tunnel syndrome and post laminectomy syndrome lumbar region. Treatment to date has included right sacroiliac joint injection and medications including Ambien, Dilauded, Methadone, Prilosec, Soma and Viibryd. Per the Primary Treating Physician's Progress Report dated 5/19/2015, the injured worker reported low back pain and left greater than right leg pain, thoracic pain, severe lumbar back pain/lumbalgia with bilateral radiculopathy, neck pain with bilateral radiculopathy in arms to hands and bilateral wrist pain. Physical examination revealed baseline neck pain right greater than left with spondylosis causing cervicogenic headache. Low back pain with radiculopathy is consistent with magnetic resonance imaging (MRI). There was significant occiput tenderness noted on the right. The plan of care included medication management and authorization was requested on 5/21/2015 for Methadone, Dilauded, Soma, Ambien, Prilosec and Viibryd,

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg tabs; 1 tab po q8h prn #90; 30 day fill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, Weaning of Medications Page(s): 61-62, 74-95, 124.

Decision rationale: Methadone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The Guidelines suggest methadone specifically should be used only if symptoms have not responded to a first line opioid because this medication has an increased risk for potentially serious complications. Further, methadone has potential interactions with a number of other medications. A complete list of the medications the worker takes should be documented, and the worker should be cautioned to tell all other care providers that this medication is being used. The submitted documentation indicated the worker was experiencing lower back pain that went into the legs, mid-back pain, neck pain that went into the arms, head pains, and problems sleeping. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no exploration of potential negative side effects, individualized risk assessment, or description of prior failed treatment with a first line opioid. In the absence of such evidence, the current request for 90 tablets of methadone 10mg taken as one tablet up to every 8 hours as needed (a 30-day supply) is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Dilaudid 4mg tabs #150 1 tab po q4-6 hrs 30 day fill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Hydromorphone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and

function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records suggested the worker was experiencing lower back pain that went into the legs, mid-back pain, neck pain that went into the arms, head pains, and problems sleeping. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no recent description of how the pain intensity changed with the different medications and other treatments, discussion indicating how often the pain medications were needed and taken, report detailing improved function with the specific medications, or documented individualized risk assessment. There also was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 150 tablets of hydromorphone 4mg taken up to every 4 to 6 hours as needed (a 30-day supply) is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be completed with the medication the worker has available.

Soma 350mg tabs #60 1 tab po BID 30 day fill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, page 29, page 124.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, mid-back pain, neck pain that went into the arms, head pains, and problems sleeping. The recorded pain assessments did not include many of the elements recommended by the Guidelines. These records reported the worker had used this medication for at least several months. Further, there was no discussion suggesting a recent flare-up of long-standing lower back pain or describing special circumstances that sufficiently supported this request for long-term use. In the absence

of such evidence, the current request for 60 tablets of Soma (carisoprodol) 350mg taken twice daily (a 30-day supply) is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.

Ambien 5mg tabs #30; 1 tab po qhs 30 day fill: Upheld

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

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. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 09/16/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 40.0. UpToDate. Accessed 09/18/2015.

Decision rationale: Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation did not detail when this medication was started, but these records reported the worker had used it for at least several months. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or detailed description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem) 5mg taken nightly (a 30-day supply) is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Prilosec 10mg tab #30; 1 tab po qd 30 day fill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, mid-back pain, neck pain that went into the arms, head pains, and problems sleeping. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30 capsules of Prilosec (omeprazole) 10mg (a 30-day supply) is not medically necessary.