

Case Number:	CM15-0117263		
Date Assigned:	06/25/2015	Date of Injury:	04/22/1995
Decision Date:	08/25/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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 64 year old male who sustained an industrial injury on 04/22/95. Initial complaints and diagnoses are not available. Treatments to date include back surgery, medications, and a pain pump. Diagnostic studies are not addressed. Current complaints include profuse body pain and low back pain. Current diagnoses include cervical spinal stenosis, pain in the ankle/foot, and therapeutic drug monitoring. In a progress note dated 05/28/15 the treating provider reports the plan of care as medications including Dilaudid, Lactulose, Ambien, ranitidine, and Gralise as well as a home exercise program. The requested treatments include Dilaudid, Ambien, ranitidine, and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED STAT Dilaudid 8mg #240: Upheld

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

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.

Decision rationale: The patient presents on 05/28/15 with profuse body pain and lower back pain rated 6/10 at best, 10/10 at worst. The patient's date of injury is 04/22/95. Patient is status post lumbar laminectomy at unspecified levels and date. The request is for MED STAT DILAUIDED 8MG #240. The RFA is dated 05/29/15. Physical examination dated 05/28/15 reveals decreased lumbar range of motion in all planes, tenderness to palpation of the lumbar spine, and a well healed surgical scar in the lumbar region. The patient is currently prescribed Dilaudid, Lactulose, Ambien, Ranitidine, and Gralise. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of Dilaudid for the management of this patient's intractable pain, the treating physician has not provided adequate evidence of medication efficacy. Progress report dated 05/28/15 notes does not provide functional improvements. Addressing efficacy, the provider states: "Pain is rated at least a 6 and at worst a 10. Medication improves his condition..." There is evidence of urine drug screening, though the toxicology reports or discussion of consistency is not included. There is also no stated lack of behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, UDS consistency, and a stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. Given the lack of complete 4A's documentation, as required by MTUS, the request IS NOT medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, 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) Pain Chapter, under Zolpidem - Ambien.

Decision rationale: The patient presents on 05/28/15 with profuse body pain and lower back pain rated 6/10 at best, 10/10 at worst. The patient's date of injury is 04/22/95. Patient is status post lumbar laminectomy at unspecified levels and date. The request is for AMBIEN 10MG #30. The RFA is dated 05/29/15. Physical examination dated 05/28/15 reveals decreased lumbar range of motion in all planes, tenderness to palpation of the lumbar spine, and a well healed surgical scar in the lumbar region. The patient is currently prescribed Dilaudid, Lactulose, Ambien, Ranitidine, and Gralise. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem - Ambien Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days 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." In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 11/04/14. While this patient presents with significant chronic pain and associated psychiatric complaints/insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

MED Ranitidine 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 05/28/15 with profuse body pain and lower back pain rated 6/10 at best, 10/10 at worst. The patient's date of injury is 04/22/95. Patient is status post lumbar laminectomy at unspecified levels and date. The request is for MED RANITIDINE 150MG #60. The RFA is dated 05/29/15. Physical examination dated 05/28/15 reveals decreased lumbar range of motion in all planes, tenderness to palpation of the lumbar spine, and a well healed surgical scar in the lumbar region. The patient is currently prescribed Dilaudid, Lactulose, Ambien, Ranitidine, and Gralise. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the retrospective request for Ranitidine the provider has not documented GI upset to substantiate this medication. It is unclear how long this patient has been prescribed Ranitidine or to what effect. In the most recent progress report, the provider does not specifically discuss any GI symptoms or efficacy of this medication. This patient is not currently prescribed an NSAID, either. While medications such as Ranitidine are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request IS NOT medically necessary.

MED Gralise 600mg #90: Overturned

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

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

Decision rationale: The patient presents on 05/28/15 with profuse body pain and lower back pain rated 6/10 at best, 10/10 at worst. The patient's date of injury is 04/22/95. Patient is status post lumbar laminectomy at unspecified levels and date. The request is for MED GRALISE 600MG #90. The RFA is dated 05/29/15. Physical examination dated 05/28/15 reveals decreased lumbar range of motion in all planes, tenderness to palpation of the lumbar spine, and a well healed surgical scar in the lumbar region. The patient is currently prescribed Dilaudid, Lactulose, Ambien, Ranitidine, and Gralise. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin - Neurontin, Gabarone, generic available - has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Gralise for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 11/04/14 for lower back pain with a neurological component. Progress report dated 05/28/15 documents reduction in pain from 10/10 to 6/10 attributed to medications, though does not specifically mention Gabapentin. Given this patient's neuropathic pain and the established analgesia attributed to medications, continuation is substantiated. The request IS medically necessary.