

Case Number:	CM15-0124121		
Date Assigned:	07/08/2015	Date of Injury:	04/14/1998
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old female who sustained an industrial injury on 04/14/1998. Mechanism of injury was a fall. Diagnoses include chronic back pain status post back surgery, complex regional pain syndrome of the left upper extremity including the hand, and global muscular atrophy secondary to disuse. Treatment to date has included diagnostic studies, medications, 1 session of acupuncture, spinal cord stimulator. Her medications include Ambien, Lidocaine patches, and Lidocaine cream, OxyContin, Norco, Fenoprofen, Omeprazole, Lyrica, and Naproxen. An Electromyography done on 3/25/2015 revealed evidence of moderate right ulnar neuropathy at the elbow affecting motor components. A physician progress note dated 05/20/2015 documents the injured worker complains of neck, bilateral arm, and bilateral leg aching, stabbing and burning. She has very limited range of motion. She also has problems with stomach pain, nausea, frequent diarrhea and frequent headaches. She ambulates with a cane, or at times uses a wheelchair. She is having increased pain in her hands, right more than the left. On examination there is hypersensitivity noted in the right upper extremity. She has diffuse weakness left greater than right with noted contractures of the left arm flexor, left leg flexor and left hip flexor. The injured worker has limited participation in the exam due to pain. A urine drug screen from 02/11/2015 was positive for Methadone. She is not receiving this medication from another provider it is extremely unlikely she is obtaining this medication illegally. Will continue to test, and run CURES every visit to verify compliance. The treatment plan includes continuation of medications, physical therapy, Transcutaneous Electrical Nerve Stimulation unit,

pain psychologist referral, use of wrist brace, and aquatic therapy. Treatment requested is for Ambien 12.5mg #30, Lyrica 75mg #90, and Norco 5/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. Therefore, the request for Lyrica 75mg #90 is not medically necessary.

Ambien 12.5mg #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, Treatment Index, 11th Edition, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Ambien 12.5mg #30 is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 (or non adherent) 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. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #90 is not medically necessary.