

Case Number:	CM15-0126229		
Date Assigned:	07/10/2015	Date of Injury:	01/24/2008
Decision Date:	09/15/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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 York

Certification(s)/Specialty: Pediatrics, 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 65 year old male, who sustained an industrial injury on 01/24/2008. The injured worker is currently permanent and stationary and able to work with restrictions. The injured worker is currently diagnosed as having lumbar region sprain, thoracic region sprain, sprain of neck, lumbar herniated nucleus pulposus, and spinal stenosis in cervical region. Treatment and diagnostics to date has included thoracic spine MRI which showed mild thoracic kyphoscoliosis and mild multilevel degenerative disc disease, cervical spine MRI which showed moderate multilevel degenerative disc disease with disc bulging and disc protrusion, lumbar spine MRI which showed moderate multilevel degenerative disc disease with disc bulging and canal stenosis, cognitive behavioral therapy, use of Transcutaneous Electrical Nerve Stimulation Unit (TENS), trigger point injections, consistent urine drug screens, and medications. In a progress note dated 06/10/2015, the injured worker presented with complaints of mid back, neck, and right shoulder pain. It is noted that the injured worker has a 70 percent relief of pain with use of the opioids but states his pain level with medications is 8 out of 10 and 9/10 out of 10 without medications. The injured worker also has complaints of poor sleep. Objective findings include limited range of motion and pain to neck, tenderness to palpation to paravertebral muscles from C7 to approximately T12 with palpable spasms of the bilateral thoracic paraspinal muscles, and pain and crepitus of the right shoulder with end range of motion. The treating physician reported requesting authorization for Hydrocodone, Morphine ER, Ibuprofen, and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician reports a 70 percent reduction in pain with use of opioids, but pain level at a recent visit is noted as 8 out of 10 with medications and 9 to 10 out of 10 without medications. In addition, the medical records do not document least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function, other than the injured worker is able to work. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Morphine ER (Extended Release) is not medically necessary.

Morphine ER (Ms Contin) 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician reports a 70 percent reduction in pain with use of opioids, but pain level at a recent visit is noted as 8 out of 10 with medications and 9 to 10 out of 10 without medications. In addition, the medical records do not document least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function, other than the injured worker is able to work. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Morphine ER (Extended Release) is not medically necessary.

Ibuprofen (Motrin, Advil) 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: Ibuprofen (Motrin) is classified as a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". Under back pain - chronic low back pain, it is "recommended as an option for short term symptomatic relief" and "that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants". There is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. In addition, the guidelines support NSAIDs as an option for short-term symptomatic relief and the injured worker has been prescribed Ibuprofen since at least 01/21/2015. Therefore, based on the Guidelines and the submitted records, the request for Ibuprofen (Motrin) is not medically necessary.

Zolpidem (Ambien) 5mg #8: 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).

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, Insomnia Treatment.

Decision rationale: Regarding the request for Zolpidem (Ambien), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) recommends that "pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or mental illness the specific component of insomnia should be addressed: sleep onset, sleep maintenance, sleep quality, and next day functioning". The treating physician noted complaints of poor sleep, but no discussion regarding how frequently the insomnia complaints occur, how long the insomnia has been occurring, what other treatments have been attempted, or how the injured worker has responded to Ambien treatment. In addition, according to the medical records, the injured worker has been prescribed Ambien since at least 04/02/2015. Therefore, the request for Zolpidem (Ambien) is medically necessary.