

Case Number:	CM15-0127309		
Date Assigned:	07/14/2015	Date of Injury:	04/29/2010
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 4/29/2010. He reported sharp, severe, stabbing pain in his low back when lifting. Diagnoses have included status post right laminotomy at L4-5, 4mm disc protrusion L4-5 with small annular fissure, mild to moderate facet arthropathy L4-5, lateral recess stenosis and neural foraminal narrowing and right-sided L5 lumbar radiculopathy. Treatment to date has included transforaminal nerve root injections and medication. According to the progress report dated 6/9/2015, the injured worker complained of ongoing difficulty with pain in the low back and into both lower extremities. The pain was constant and worse on the right side. He rated his pain as 7-8/10, reduced to 6/10 with medications. The injured worker ambulated with an antalgic gait with the use of a single point cane. There was tenderness and guarding in the lumbar paraspinal musculature. Range of motion of the lumbar spine was decreased secondary to pain. Authorization was requested for Cyclobenzaprine, Norco, Topamax and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. 30 tablets of Cyclobenzaprine 10mg is not medically necessary.

30 tablets of Norco 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The examination findings provided no objective or quantitative measure of pain to determine severity and records indicated the patient had been taking this medication for at least as far back as six months. There is no documentation supporting any functional improvement with the continued long-term use of opioids. 30 tablets of Norco 7.5/325mg is not medically necessary.

30 tablets of Topamax 25mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines other anti-epileptic drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially. The patient complains of central-type and radicular pain. The medical record lacks documentation that the patient has been tried on any first-line agents. 30 tablets of Topamax 25mg with 3 refills is not medically necessary.

15 tablets of Ambien 5mg with 3 refills: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. 15 tablets of Ambien 5mg with 3 refills is not medically necessary.