

Case Number:	CM15-0175415		
Date Assigned:	09/16/2015	Date of Injury:	05/10/2006
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This injured worker is a 43 year old male, who sustained an industrial injury on 05-10-2006. The injured worker was diagnosed as having low back pain flare-up, history of herniation at L5-S1 impinging the left S1 nerve root, chronic neuropathy in the left leg, insomnia due to pain, and history anxiety and depressive disorder. On medical records dated 07-29-2015, subjective complaints were noted as back pain and muscle spasms. Pain continues to radiate into his left leg with severe cramps. Pain was noted to be reduced with by 50% with medication. Pain was noted as 8 out of 10 during visit, 4 out of 10 at best with medication and 10 out of 10 without. Objective findings were noted as back exam revealed limited range; palpation reveals muscle spasm in the lumbar trunk. Sensory loss to light touch and pinprick in the left lateral calf, and bottom of his foot. The medical record dated 02-18-2015 was noted to have a pain level of 4 out of 10 with medication and 10 out of 10 without medication. Treatment to date included medication and chiropractic therapy. Current medication was listed as Norco, Ambien, Ibuprofen, Lyrica, Zoloft and Xanax. The injured worker was noted to be taking Norco, Ambien, Zoloft, Ibuprofen, and Xanax since at least 09-2014. The Utilization Review (UR) was dated 08-10-2015. A Request for Authorization was dated 07-31-2015. The UR submitted for this medical review indicated that the request for Norco was modified, and Ibuprofen, Zoloft, Xanax and Ambien were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/3252mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 MTUS states that opioids may be continued: (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. This patient was noted in the medical records to have significant pain relief and functional improvement with the use of Norco. I am reversing the previous utilization review decision. Norco 10/3252mg #120 is medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Ibuprofen 800mg #90 is not medically necessary.

Zoloft 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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), SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The patient has been diagnosed with depression. Zoloft 100mg #30 is medically necessary.

Xanax 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 1mg #30 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 Official Disability Guidelines (ODG), Pain Chapter (updated 7/15/15), Zolpidem.

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. Ambien 10mg #30 is not medically necessary.