

Case Number:	CM15-0175602		
Date Assigned:	09/25/2015	Date of Injury:	07/01/2006
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 52 year old female, who sustained an industrial injury on 7-1-2006. The injured worker is undergoing treatment for enthesopathy of hip, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, internal derangement of knee, current tear of medial cartilage or meniscus of knee. On 4-28-15, she reported low back and knee pain. On 9-23-15, an appeal request indicated she reported chronic low back pain with radiation into the bilateral legs. She reported that without medications she has difficulty working through the day. "I can't work in so much pain any longer". She has current report of "moderate to severe" low back and knee pains and increased hip pain and inability to sleep on her left side. Physical examination revealed the appearance of being depressed and fatigued, no signs of intoxication or withdrawal, no pain behaviors observed, wide based gait and is indicated to not be able to fully step on the left side due to hip pain. The lumbar spine is noted to have a guarded range of motion, tenderness, and trigger point, positive straight leg raise on the left and positive Faber on the left. The provider noted Butrans and Norco will provide activity tolerance and 30-40 percent improvement in pain level. No adverse effects or aberrant behavior is noted; and Voltaren gel is noted to be helpful for ongoing knee pain. There is no discussion of the efficacy of Ambien. The records do not discuss a rating for her pain level, or her current functional status. The treatment and diagnostic testing to date has included: medications, at least 6 acupuncture sessions, home exercise program, TENS unit. Current medications as of 9-23-15: Norco, Ambien (since at least September 2014, possibly longer), Butrans (since at least September 2014, possibly longer), Voltaren gel (since at least September 2014, possibly longer), and Zanaflex.

Medications have included: Ibuprofen discontinued for increased blood pressure. Current work status: working modified duty. The request for authorization is for: Ambien 5mg quantity 30, Butrans 5mcg per hour quantity 4 refill 1, Voltaren 1 percent gel quantity 1. The UR dated 8-21-15: non-certified Ambien 5mg quantity 30 and Butrans 5mcg per hour quantity 4 refill 1; however a one month supply is approved for weaning; and non-certified Voltaren 1 percent gel quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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 (ODG) 2013 (online version) Mental Illness and Stress Chapter.

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

Decision rationale: Ambien is the medication zolpidem. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the patient has been taking Ambien since at least September 2014. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.

Butrans 5mcg/hr #4 with 1 refill: 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): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain buprenorphine.

Decision rationale: Butrans is a transdermal preparation of the medication buprenorphine. Buprenorphine is a partial opioid agonist. It is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. In this case the patient has been using Butrans since at least September 2014. There is insufficient documentation in the medical record to support that the patient has failed treatment with alternative first line medications or that the patient is a member of the suggested populations. The request is not medically necessary.

Voltaren 1% gel #1: 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, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac.

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case the diagnosis of osteoarthritis is not supported by the documentation in the medical record. Medical necessity has not been established. The request is not medically necessary.