

Case Number:	CM15-0178066		
Date Assigned:	09/18/2015	Date of Injury:	06/22/2005
Decision Date:	11/16/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 47 year old male, who sustained an industrial injury on 6-22-2005. The injured worker was diagnosed as having left lumbar radiculopathy, chronic pain, status post anterior-posterior lumbar fusion at L4-5 and L5-S1 on 1-29-2013, lumbar facet arthropathy, and lumbago. Treatment to date has included diagnostics, multiple lumbar spine surgeries (most recent 1-2013), physical therapy, acupuncture, chiropractic, lumbar epidural steroid injection, spinal cord stimulator trial, and medications. The progress report (2-11-2015) noted the use of Soma, Ambien, and Dilaudid, at which time he reported that he did not feel the Ambien was helping, and pain was rated 10 out of 10. A progress report (6-02-2015) noted that he had a medical marijuana card and would take edibles when he ran out of medications. X-rays were documented to show "small anterior osteophytes L2-L3 and L4-L5 and slight retrolisthesis L3-4" and status post fusion L4-5 and L5-S1. His current medications on 6-02-2015 included Soma, Dilaudid and Ambien. He was prescribed Gabapentin 300mg three times daily for neuropathic pain, Cyclobenzaprine 7.5 mg at bedtime as needed for acute muscle spasms, Oxycodone 5mg every 6 hours as needed for severe pain, and Ambien 10mg every 24 hours as needed for insomnia. CURES (Controlled Substance Utilization, Review and Evaluation System) report and urine report were documented as consistent. Spinal cord stimulation implantation was considered due to successful trial. An Emergency Department visit was noted on 6-05-2015 for chronic low back pain, rated 10 out of 10. On 6-30-2015, he continued to report low back pain and stated "no relief from medications". Pain was rated 9 out of 10 on average and 10 at worst. He was prescribed Gabapentin 600mg three times daily, Cyclobenzaprine 7.5mg #30,

Oxycodone 5mg every 8 hours as needed #90, Ambien 10mg at bedtime as needed #30, and Oxycontin 10mg twice daily as needed #60. Preoperative clearance was requested for spinal cord stimulator implantation. Currently (7-27-2015), the injured worker complains of unchanged symptoms in his low back and continued to have increased pain on the left side of his low back, sending shooting pain down his buttocks into the left lower extremity to his knee. He reported difficulty sleeping due to pain. His pain was rated 8-9 out of 10. Gabapentin 300mg (3-4 per day) provided 20-30% relief and helped him relax at night to fall asleep, Oxycontin (3 tablets per day) provided 20-30% relief, and Oxycodone 5mg (3-4 per day) provided 20-30% relief and helped him relax at night to fall asleep. Exam noted tenderness to palpation over the left lumbar paraspinals and lumbar range of motion was "decreased in all planes, especially flexion". Decreased sensation was noted in the left L4, L5 and S1 dermatomes. Motor was 4+ of 5 in the left tibialis anterior, extensor hallucis longus, inversion, eversion, and plantar flexors. Absent left Achilles reflex was documented. Straight leg raise was positive on the left, causing pain down to the bottom of the foot at 60 degrees, negative on the right. His complaints were unchanged on 7-28-2015. The treatment plan included Gabapentin 600mg #160, Ambien 10mg #30, Cyclobenzaprine 7.5mg #30, Oxycontin 10mg #60, Oxycodone 5mg #90, and laboratory services (to verify safety of medications prescribed) of complete blood count and comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Pain (Chronic), Zolpidem (Ambien).

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: The CA MTUS guidelines are silent regarding the use of Ambien. However, according to the Official Disability Guidelines; Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. In this case, the submitted medical records failed to provide documentation regarding sleep history including hours of sleep, sleep hygiene, and efficacy of prior medication use or a diagnosis that would support the use of a hypnotic (Ambien). Additionally, the guidelines recommend Ambien for short term (7-10 days) treatment of insomnia. There is documentation of ongoing treatment with Ambien and continuation for any amount of time does not comply with the recommended guidelines.

Therefore, based on Guidelines and submitted medical records, the requested treatment: Ambien 10mg #30 is not medically necessary.

Cyclobenzaprine 7.5mg #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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Oxycontin 5mg #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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids.

Decision rationale: According to ODG and MTUS, Oxycontin is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Lab: CNC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter--- Preoperative lab testing.

Decision rationale: As per Official Disability Guidelines (ODG) Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The submitted medical records do not indicate that this injured worker has any comorbid conditions. There is no clear rationale in the medical records that meets the recommended guidelines. The requested item is not medically necessary and has not been established.

Lab: CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter--- Preoperative lab testing.

Decision rationale: As per Official Disability Guidelines (ODG) Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The submitted medical records do not indicate that this injured worker has any comorbid conditions. There is no clear rationale in the medical records that meets the recommended guidelines. The requested item is not medically necessary and has not been established.