

Case Number:	CM15-0178786		
Date Assigned:	09/21/2015	Date of Injury:	11/16/2000
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) with derivative complaints of anxiety and depression reportedly associated with an industrial injury of November 16, 2000. In a Utilization Review report dated September 9, 2015, the claims administrator partially approved a request for Norco while denying Ambien and Lidoderm patches outright. The claims administrator referenced an August 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a September 4, 2015 RFA form, lumbar MRI imaging, Norco, Ambien, and the Lidoderm patches at issue were seemingly endorsed. The attending provider stated that these requests represented request associated with an August 20, 2015 date of service. A consultation dated September 3, 2015 was notable for comments that the applicant was no longer working and had not worked in over 15 years owing to complaints of back pain, neck pain, and headaches. The applicant was on metformin, cholesterol lowering medication, Norco, and pain patches, it was reported. The applicant was described as having used methamphetamines recreationally also used non-prescribed Oxycodone in 2012. On August 25, 2015, the applicant reported ongoing complaints of low back pain radiating into the leg. The applicant had apparently recently gone to the emergency department for reported flare in pain. The applicant reported 8/10 pain complaints, it was stated in one section of the note. The applicant was using Norco, Lidoderm, and Ambien, it was further noted. The attending provider then stated, toward the bottom of the note that the applicant was benefiting from ongoing Norco usage, admittedly in a somewhat template fashion. A lumbar MRI imaging, Norco, Ambien, and Lidoderm patches were sought. It was not stated how the proposed lumbar MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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, criteria for use, Opioids, indicators for addiction.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had not worked in 15 years, it was suggested in a consultation of September 3, 2015. The applicant's primary treating provider (PTP) failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on August 25, 2015. 8/10 pain complaints were reported on that date. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that frequent visits to a pain center or emergency department represent a possible indicator and/or predictor of controlled substance addiction or misuse. The consultant reported on September 3, 2015 that the applicant had a history of prior methamphetamine use and had also been known to self-procure non-prescribed Oxycodone. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines suggests immediate discontinuation of opioids in applicants who are engaged in evidence of illicit substance abuse. Here, a history of substance abuse and usage of non-prescribed opioids was present. The prescribing provider, however, did not factor that history into his decision to renew Norco on August 25, 2015. Therefore, the request was 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration; Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the renewal request for Ambien, a sedative agent, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the renewal request for Ambien, in effect,

represented treatment, which ran counter to the FDA label and treatment which ran counter to ODG's Mental Illness and Stress Chapter Zolpidem topic, which notes that zolpidem or Ambien should be reserved for short-term use purposes and is not recommended for long-term use purposes. Therefore, the request was not medically necessary.

Lidoderm 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: Finally, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with anti-depressants and/or anti-convulsants, here, however, no such history of the applicant's having tried and/or failed antidepressant adjuvant medications and/or anti-convulsant adjuvant medications was set forth on the August 25, 2015 office visit at issue. The request in question, moreover, represented a renewal or extension request for the Lidoderm patches in question. However, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's failure to return to work, the applicant's reports of 8/10 pain on August 25, 2015, the applicant's recent trip to the emergency department to ameliorate a flare of pain, and the applicant's continued usage of Norco, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.