

Case Number:	CM15-0065434		
Date Assigned:	04/13/2015	Date of Injury:	10/20/1998
Decision Date:	06/29/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 10/20/1998. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include degenerative disc disease with radiculopathy, and right knee pain. Treatments to date include activity modification, knee brace, medication therapy and physical therapy. Currently, she complained of low back pain with radiation to right lower extremity. She also complained of right knee pain. On 1/12/15, the physical examination documented decreased range of motion in the knee with tenderness. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oramorph 60mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient presents with low back pain radiating to the right leg and right knee pain. The request is for ORAMORPH 60 MG #120. Physical examination to the right knee on 01/12/15 revealed decreased range of motion in all planes. Patient's diagnosis, per 12/04/14 progress report include LDD with radic and right knee pain. Per 10/10/14 progress report, patient's medication include Norco. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Progress reports provided were inconclusive and lacking pertinent information regarding the patient's medications. They were hand-written and illegible. The request is for Oramorph which is a medicine that contains morphine sulfate. Treater has not provided reason for the request. It is not known when Oramorph was first initiated; however, in review of the medical records provided, the patient has been utilizing Oramorph at least since 11/06/14. In this case, treater has not stated how Oramorph reduces pain and significantly improves patient's activities of daily living. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Norco 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to the right leg and right knee pain. The request is for NORCO 10/325 MG #210. Physical examination to the right knee on 01/12/15 revealed decreased range of motion in all planes. Patient's diagnosis, per 12/04/14 progress report include LDD with radic and right knee pain. Per 10/10/14 progress report, patient's medication include Norco. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Treater does not discuss this request. Patient has received prescriptions for Norco on 10/10/14 and 11/06/14. In this case, treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. The 4A's are not appropriately

addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS and opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Nexium 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain radiating to the right leg and right knee pain. The request is for NEXIUM 40 MG #60. Physical examination to the right knee on 01/12/15 revealed decreased range of motion in all planes. Patient's diagnosis, per 12/04/14 progress report include LDD with radic and right knee pain. Per 10/10/14 progress report, patient's medication include Norco. Patient is permanent and stationary. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. In review of the medical records provided, there is no mention of Nexium and it is not known when the patient initially started taking this medication and for how long. The patient is not currently on NSAIDS and has no gastrointestinal side effect with her medications. The patient is not over 65 years of age and there are no discussions regarding GI assessment a required by MTUS. The treater has not mentioned symptoms of gastritis, reflux or other conditions that would require the use of PPI. MTUS does not support routine use of GI prophylaxis without proper documentation of GI risks. Therefore, the request 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 Treatment in Workers Compensation Pain Procedure Summary, Zolpidem (Ambien).

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

Decision rationale: The patient presents with low back pain radiating to the right leg and right knee pain. The request is for AMBIEN 10 MG #30. Physical examination to the right knee on 01/12/15 revealed decreased range of motion in all planes. Patient's diagnosis, per 12/04/14 progress report include LDD with radic and right knee pain. Per 10/10/14 progress report,

patient's medication include Norco. Patient is permanent and stationary. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine 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. (Feinberg, 2008)" The treater has not provided a reason for the request. The request is for 30 tablets of Ambien 10 mg. In review of the medical records provided, there was no record of prior use of this medication. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia, due to negative side effect profile. The request for quantity 30 does not indicate intended short-term use of this medication. The request is not in line with guideline indications. Therefore, the request IS NOT medically necessary.