

Case Number:	CM15-0066929		
Date Assigned:	04/14/2015	Date of Injury:	01/13/2008
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 was a 54 year old female, who sustained an industrial injury, January 13, 2008. The injured worker received the following treatments in the past Dendracin, Synovacin, Ibuprofen, Zolpidem, Fluoxetine, Naproxen, Vicodin, Omeprazole, Orphenadrine, Diclofenac, Lidoderm Patches, Gabapentin, Norco, home exercise program, Lumbar Spine CT scan, lumbar spine x-rays and random toxicology laboratory studies. The injured worker was diagnosed with status post L3 through S1 fusion surgery, lumbago, chronic insomnia, anxiety and depression. According to progress note of December 4, 2014, the injured workers chief complaint was lumbar spine pain constant severe to 8 out of 10; 0 being no pain and 10 being the worse pain. The injured worker described the pain as sharp, stabbing, burning low back pain with numbness, tingling, weakness and cramping. The pain was aggravated by the cold weather, repetitive movement, prolonged sitting, prolonged standing and prolonged walking. The relief from the pain was medication and rest. The physical exam noted positive straight leg on the left. There was notable decreased range of motion. The treating physician requested a psychiatric consultation for insomnia. The treatment plan included prescriptions for Norco, Ambien and Gabapentin.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as Norco. Therefore, the requested treatment is not medically necessary.

Ambien 5mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, zolpidem.

Decision rationale: The medical records provided for review indicate improvement in symptoms with report of significant sleep interference and is taking zolpidem. ODG guidelines support short term use of sleep agent such as zolpidem for 4 to 6 weeks. As such 10 mg at bedtime for occasional use is supported based on the medical records or supported by ODG. Zolpidem is a prescription short-acting non-benzodiazepine 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. Therefore, the requested treatment is medically necessary.

Gabapentin 300mg #160: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-seizure meds Page(s): 16.

Decision rationale: ODG supports. Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. The medical records support the presence of neuropathic pain with reported benefit by the medication. ODG supports the use of gabapentin for neuropathic pain. Therefore, the requested treatment is medically necessary.