MAXIMUS Federal Services

Case Number:	CM15-0072857		
Date Assigned:	04/23/2015	Date of Injury:	02/27/2009
Decision Date:	07/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old female, who sustained an industrial injury on February 27, 2009. The injured worker has been treated for low back complaints. The diagnoses have included lumbar/lumbosacral degenerative disc disease, sciatica, lumbar radiculitis and chronic pain syndrome. Treatment to date has included medications, radiological studies, physical therapy, a home exercise program and low back surgery. Current documentation dated March 10, 2015 notes that the injured worker reported low back pain rated at a seven-eight on the visual analogue scale. The pain radiated to the left buttock and thigh with associated spasms. Examination of the lumbar spine revealed left lumbosacral tenderness with left sacroiliac notch tenderness and a decreased range of motion. The motor and sensory examination was normal. The treating physician's plan of care included a request for the medications Norco, Valium, Prilosec, Restoril 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 Qty 120 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the lower back that went into the left leg with spasm, neck pain that went into the arms with numbness, and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg with two refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Valium 5mg Qty 60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

Decision rationale: Valium (diazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed documentation indicated the worker was taking this medication for at least a month and had been taking another medication from this class for at least several months. There was no discussion describing special circumstances that sufficiently supported long-term use. In the absence of such evidence, the current request for sixty tablets of Valium (diazepam) 5mg with two refills is not medically necessary. Because the potential serious risks outweigh the benefits as described in the submitted documentation, the worker should be able to complete a wean with the medication already available to the worker.

Prilosec 20mg Qty 30 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Proton pump inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back that went into the left leg with spasm, neck pain that went into the arms with numbness, and problems sleeping. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had an increased risk for gastrointestinal events and why a NSAID needed to be continued, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30 tablets of Prilosec (omeprazole) 20mg with two refills is not medically necessary.

Restoril 15mg Qty 30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Antispasticity, and Weaning Medications - Benzodiazepines Page(s): 24, 66, 24. Decision based on Non-MTUS Citation Temazepam: Drug Information. Topic 9973, version 98.0. UpToDate, accessed 07/04/2015.

Decision rationale: Restoril (temazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. Temazepam is FDA-approved for the short-term treatment of insomnia. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. The submitted and reviewed records indicated the worker was experiencing pain in the lower back that went into the left leg with spasm, neck pain that went into the arms with numbness, and problems sleeping. The length of treatment was not reported, but the worker had taken this medication for at least several months

at the time of the request. The documented sleep assessments were minimal and did not contain the majority of the elements suggested by the literature and established guidelines. There was no discussion describing special circumstances that sufficiently supported the long-term use of temazepam. In the absence of such evidence, the current request for 30 tablets of Restoril (temazepam) 15mg with two refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.

Gabapentin 600mg Qty 90 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing pain in the lower back that went into the left leg with spasm, neck pain that went into the arms with numbness, and problems sleeping. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. While the description of the worker's condition was consistent with neuropathic pain, the documentation did not sufficiently describe how the worker's pain intensity and function were improved with the use of this medication. In the absence of such evidence, the current request for 120 tablets of gabapentin 300mg is not medically necessary.