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| Case Number: | CM15-0090867 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 03/03/2009 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: 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 63 year old male, who sustained an industrial injury on 03/03/2009. According to a progress report dated 04/07/2015, the injured worker continued to have chronic issues in the lumbar spine which included both axial and radicular pain. He also continued to have arthropathy and pain in the knees bilaterally. Pain was rated 3-4 on a scale of 1-10. Pain was well controlled on his medication regimen. He continued to utilize the spinal cord stimulator and continued to note good coverage as well as pain reduction. Norco was used for general and breakthrough pain. The injured worker had decreased his use of medication since the implantation of the spinal cord stimulator. Terocin 4% lidocaine patch was used for control of peripheral neuropathic pain. Celebrex was used for general pain control. Prilosec was used for stomach issues secondary to chronic pain and medication use. His function status remained improved. His pain scores were in the high mild to low moderate range. He continued to use the spinal cord stimulator and Norco for pain control which provided good analgesia. They also continued to help improve function status and activities of daily living such as cooking, cleaning, taking care of personal hygiene and maintenance chores. Outside the home he continued to do routine maintenance chores, yard work, shopping and social interaction. Current diagnoses included multilevel lumbago with radiculopathy, lumbar facet and sacroiliac joint arthropathy, post patellar fracture with open reduction and internal fixation with secondary pulmonary embolism, right knee and ongoing pain in knees, hip pain and arthropathy, recent removal of hardware from the right patella and status post implantation of spinal cord stimulator system. Medication regimen included Norco, Trazodone, Terocin 4% Lidocaine patch and Omeprazole.

There were no new medication changes and Trazodone and Zolpidem and Terocin 4% Lidocaine patches were dispensed. Currently under review is the request for Norco, Trazodone, Omeprazole, and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list page(s): 78-81, 112.

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 chronic issues with the lumbar spine, arthropathy and pain in the knees bilaterally. The physician is requesting Norco 10/325 Quantity 180. The RFA dated 04/21/2015 shows a request for Norco 10/325 mg quantity 180. The patient is currently not employed. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. Records show that the patient was prescribed Norco on 06/13/2014. The treating physicians 04/07/2015 report notes a VAS score of 3/4/10. The patient's pain is well-controlled with his current regimen. He has continued the use of Norco 10/325 for general and breakthrough pain. His medication use has decreased since the implantation of the spinal cord stimulator. The spinal cord stimulator and Norco have provided good analgesia. They also continue to help improve the patient's functional status and activities of daily living. The patient is able to perform activities in the home such as cooking, cleaning, taking care of personal hygiene, maintenance chores, yard work, shopping, and social interaction. The urine drug screen from 04/07/2015 show consistent results to prescribed medications. The patient does report stomach upset due to medication use. In this case, while the treater provides general statement regarding functional improvement, no specifics are provided showing significant change. No validated instruments are used showing improvement and no before and after pain scales. Outcome measures were not provided as required by the MTUS guidelines. In this case, the treating physician has not provided proper documentation as required by the MTUS guidelines for continued opiate use. The request is not medically necessary.

Trazodone 50mg #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 (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress chapter, Trazodone (desyrel).

Decision rationale: The patient presents with chronic issues with the lumbar spine, arthropathy and pain in the knees bilaterally. The physician is requesting Trazodone 50 mg quantity 60. The RFA dated 04/21/2015 shows a request for Trazodone 50mg #60. The patient is currently not employed. The ODG guidelines state, "recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." Medical records show that the patient was prescribed Trazodone prior to 04/17/2014. Per the 04/07/2015 report, trazodone was prescribed due to patient's sleep issues. There is no documentation of depression or anxiety affecting this patient. Trazodone is not recommended solely for insomnia or chronic pain. The treating physician has noted sleep problems but does not provide any discussion regarding the medical necessity to deviate from the ODG guidelines. The request is not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton-Pump Inhibitor (PPI).

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

Decision rationale: The patient presents with chronic issues with the lumbar spine, arthropathy and pain in the knees bilaterally. The physician is requesting Omeprazole 20 mg quantity 60. The RFA dated 04/21/2015 shows a request for Omeprazole 20mg #60. The patient is currently not employed. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID -e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Medical records show that the patient was prescribed Omeprazole prior to 10/27/2014. Documents show that the patient does report stomach issues and G.I. upset due chronic pain and medication use. Per the 04/07/2015 report, "the patient continues to note that his pain is well-controlled on his current regimen." Given that the physician has noted medication efficacy and gastrointestinal events, the continued use of Omeprazole is warranted. The request is medically necessary.

Zolpidem -no dosage or quantity noted: 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 Chapter, FDA (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Zolpidem.

Decision rationale: The patient presents with chronic issues with the lumbar spine, arthropathy and pain in the knees bilaterally. The physician is requesting Zolpidem no dosage or quantity noted. The RFA dated 04/21/2015 shows a request for Zolpidem. The patient is currently not employed. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Medical records show that the patient was prescribed Zolpidem on 05/20/2014. While the patient has a history of sleep issues, the ODG guidelines do not support the long-term use of zolpidem. The request is not medically necessary.