

Case Number:	CM15-0091159		
Date Assigned:	05/15/2015	Date of Injury:	09/13/2005
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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 48 year old female, who sustained an industrial injury on 9/13/2005. Diagnoses have included cervical radiculopathy, lumbar radiculopathy, status post lumbar fusion, insomnia and chronic pain. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/1/2015, the injured worker complained of neck pain radiating to the bilateral upper extremities. The neck pain was accompanied by frequent numbness in the bilateral upper extremities to the hands. The neck pain was associated with bilateral occipital and temporal headaches. She also complained of frequent muscle spasms in the neck area. She complained of low back pain radiating to the bilateral lower extremities. The back pain was accompanied by frequent numbness in the bilateral lower extremities to the feet. She also complained of frequent spasms in the low back. The pain was rated 3-4/10 with medications and 9/10 without medications. The injured worker was observed to be in moderate distress. Cervical exam revealed tenderness and spasm. Myofascial trigger points were noted. Exam of the lumbar spine revealed tenderness and spasm. Authorization was requested for Ibuprofen, Norco, Zantac and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg, 1 tablet every 8 hours, Qty 90, refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 48 year old patient presents with neck pain radiating to bilateral upper extremities, bilateral occipital and temporal headaches, and lower back pain radiating to bilateral lower extremities, as per progress report dated 04/01/15. The request is for Ibuprofen 600mg, 1 Tablet Every 8 Hours, Qty: 90, Refill 1. The RFA for the case is dated 04/15/15, and the patient's date of injury is 09/13/05. The pain is rated at 3-4/10 with medications and 9/10 without medications, as per progress report dated 04/01/15. The patient also reports insomnia, constipation and medication-induced gastritis. The patient is status post lumbar fusion and status post hardware removal. Diagnoses included cervical radiculopathy, lumbar radiculopathy, chronic pain, insomnia and dental trauma. Medications included Ambien, Norco, Ibuprofen and Zantac. The patient is not working, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Ibuprofen is first noted in progress report dated 10/15/14, and the patient has been taking the medication at least since then. Prior progress report dated 09/03/14 documented the use of Naproxen. As per the most recent report, dated 04/01/15, available for review, medications help reduce pain from 9/10 to 3-4/10. They also increase ability to attend church, bathing, brushing teeth, combing/washing hair, concentrating, dressing, mood, sitting, sleeping, standing, walking in neighborhood and washing dishes. The patient reports her quality of life has improved due to current treatment. Given the impact on pain and function, the request for Ibuprofen is medically necessary.

Norco 10/325 mg, 1 tablet every 6 hours, Qty 120, refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 48 year old patient presents with neck pain radiating to bilateral upper extremities, bilateral occipital and temporal headaches, and lower back pain radiating to bilateral lower extremities, as per progress report dated 04/01/15. The request is for Norco 10/325mg, 1 Tablet Every 6 Hours Qty 120 1 Refill. The RFA for the case is dated 04/15/15, and the patient's date of injury is 09/13/05. The pain is rated at 3-4/10 with medications and 9/10 without medications, as per progress report dated 04/01/15. The patient also reports insomnia, constipation and medication-induced gastritis. The patient is status post lumbar fusion and status post hardware removal. Diagnoses included cervical radiculopathy, lumbar radiculopathy, chronic pain, insomnia and dental trauma. Medications included Ambien, Norco, Ibuprofen and Zantac. The patient is not working, as per the same progress report. 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. In this case, a prescription for Norco is first noted in progress report dated 10/15/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 04/01/15, the patient reports 60% improvement due to current therapy. They also increase ability to attend church, bathing, brushing teeth, combing/washing hair, concentrating, dressing, mood, sitting, sleeping, standing, walking in neighborhood and washing dishes. The patient reports her quality of life has improved due to current treatment. The treater uses general examples but does not provide specific examples that demonstrate improvement in function. No UDS and CURES reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.

Zantac 150 mg (2 times daily) Qty 60, refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The 48 year old patient presents with neck pain radiating to bilateral upper extremities, bilateral occipital and temporal headaches, and lower back pain radiating to bilateral lower extremities, as per progress report dated 04/01/15. The request is for Zantac 150mg (2 Times Daily) Qty 60 Refill 1. The RFA for the case is dated 04/15/15, and the patient's date of injury is 09/13/05. The pain is rated at 3-4/10 with medications and 9/10 without medications, as per progress report dated 04/01/15. The patient also reports insomnia, constipation and medication-induced gastritis. The patient is status post lumbar fusion and status post hardware removal. Diagnoses included cervical radiculopathy, lumbar radiculopathy, chronic pain, insomnia and dental trauma. Medications included Ambien, Norco, Ibuprofen and Zantac. The patient is not working, as per the same progress report. MTUS pg 69 state: "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Zantac is first noted in progress report dated 12/10/14, and the patient is taking the medication consistently at least since then. The patient is taking Ibuprofen for pain relief and has been diagnosed with medication-induced gastritis. Given the patient's risk for gastrointestinal discomfort, the request is medically necessary.

Ambien 10 mg, every bedtime, Qty 30, refill 1: 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 (chronic) - Insomnia - 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.

Decision rationale: The 48 year old patient presents with neck pain radiating to bilateral upper extremities, bilateral occipital and temporal headaches, and lower back pain radiating to bilateral lower extremities, as per progress report dated 04/01/15. The request is for Ambien 10mg, Every Bedtime Qty 30 Refill 1. The RFA for the case is dated 04/15/15, and the patient's date of injury is 09/13/05. The pain is rated at 3-4/10 with medications and 9/10 without medications, as per progress report dated 04/01/15. The patient also reports insomnia, constipation and medication-induced gastritis. The patient is status post lumbar fusion and status post hardware removal. Diagnoses included cervical radiculopathy, lumbar radiculopathy, chronic pain, insomnia and dental trauma. Medications included Ambien, Norco, Ibuprofen and Zantac. The patient is not working, as per the same progress report. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated 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. The guidelines also state 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. Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis."In this case, a prescription for Ambien is first noted in progress report dated 10/15/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 04/01/15. The patient has been diagnosed with insomnia secondary to chronic pain. The patient's Insomnia Severity Index scale reveals that she suffers from moderate to severe clinical insomnia. Nonetheless, ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. The current request for # 30 with 1 refill exceeds that recommendation and is not medically necessary.