

Case Number:	CM15-0097115		
Date Assigned:	05/27/2015	Date of Injury:	04/09/2003
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 57 year old male who sustained an industrial injury on 4/9/03. The injured worker was diagnosed as having lumbar post laminectomy syndrome/failed back syndrome, bilateral lower extremity radiculopathy, inconclusive spinal cord stimulator trial, reactionary depression and anxiety and medication induced gastritis. Treatment to date has included oral medications including opioids, 2 level spinal fusion and removal hardware the following year, trial of spinal cord stimulation, use of a cane, physiotherapy and home exercise program. Diagnostic evaluation has included lumbar spine MRIs and electromyogram (EMG). Doral and norco were noted to be prescribed in September 2014. Ambien was prescribed in October 2014 but the documentation from November 2014 states that it was not certified. Norco, Neurontin, doral, and ambien were among prescribed medications in December 2014. Urine drug screens performed at the time of office visits in September and December 2014, and February and April 2015 were described as consistent. Progress note of March 2015 states that the injured worker has some alcohol use. Currently, at a visit on 4/14/15, the injured worker complains of ongoing low back pain with radiation to both lower extremities. An opioid agreement was discussed. There was discussion of monitoring for at risk behavior. Current medications include norco, Neurontin, anaprox, Prilosec, Colace, doral, and remeron. Ambien and fexmid were noted to be discontinued. Physical exam noted tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles and decreased range of motion with muscle guarding. Work status was not specified. A request for authorization was submitted for Anaprox, Prilosec, Neurontin, Norco,

Ambien, Remeron, trigger point injections and urine drug screening. Qualitative urine drug screen on the date of the office visit was reported as consistent with prescribed medications. On 4/29/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24, muscle relaxants p. 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines chronic pain chapter: insomnia treatment.

Decision rationale: Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long term use for any condition. Doral has been prescribed for this injured worker for at least 7 months. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The treating physician has also prescribed norco, an opioid and ambien, a sedative. In this case, the documentation from the physician states that doral was prescribed as a sleep aid. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Due to length of use in excess of the guidelines, lack of sufficient evaluation of sleep disturbance, and prescription of this benzodiazepine along with an opioid and a sedative which is not recommended by the guidelines, the request for doral is not medically necessary.

One (1) urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. In this case, the treating physician did not document any increased risk for aberrant behavior. Urine drug testing has been performed at office visits, not randomly as recommended by the guidelines. Testing has been performed four times in the prior 7-8 months; this frequency of testing would not be indicated unless at least moderate risk for addiction or aberrant behavior was identified. The associated opioid, norco, has been determined to be not medically necessary. For these reasons, the request for one urine drug screen is not medically necessary.

4 trigger point posterior lumbar musculature injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. At the visit in April 2015, the physician documented that the injured worker had chronic myofascial pain in the posterior lumbar musculature which medical therapies including stretching exercises, physical therapy, nonsteroidal anti-inflammatory medication, and/or muscle relaxants had failed to control. The physician documented palpable trigger points with discrete focal tenderness located in a palpable taut band of skeletal muscle which produces a local twitch response to stimulus of the band. The Utilization Review determination stated that documentation of a circumscribed trigger point was not evident on the 4/14/15 examination and denied the request for this reason. However, the progress note does document presence of numerous trigger points as described as well as diagnosis of myofascial pain. As such, the request for 4 trigger point posterior lumbar musculature injections is medically necessary.

Neurontin 300 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs (AEDs)) Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (neurontin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). A good response to the use of AEDs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. This injured worker has been prescribed neurontin for at least four months, without documentation of at least a moderate reduction in pain or functional improvement as a result of its use. Due to lack of documentation of neuropathic pain, lack of documentation of at least moderate reduction in pain, and lack of functional improvement, the request for neurontin is not medically necessary.

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for more than 6 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals or return to work; work status was not specified. Drug testing was performed at office visits, not at random as recommended by the guidelines. An opioid contract was discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including

analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvement in activities of daily living was not documented. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Ambien 10 mg #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 (ODG), Zolpidem Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, Ambien.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids (which have been prescribed for this injured worker), which significantly impair sleep architecture, and depression. This injured worker has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. The documentation indicates that ambien had been used in the past. The number requested is in excess of the recommended duration of use per the guidelines. Due to quantity requested in excess of the guidelines and lack of sufficient evaluation of sleep disturbance, the request for ambien is not medically necessary.