

Case Number:	CM15-0099067		
Date Assigned:	06/01/2015	Date of Injury:	03/10/2011
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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, 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 is a 59-year-old male, who sustained an industrial injury on 03/10/2011. He has reported subsequent neck, low back, left shoulder and left elbow pain and was diagnosed with lumbar sprain/strain, multi-level degenerative disc disease, facet arthrosis and disc herniations, multiple fractures of the left thorax with intercostal neuralgia, cervical sprain/strain with severe spondylosis, left shoulder girdle sprain/strain, cubital tunnel syndrome of the left elbow and triggering of the long finger on the 3rd digit of the right hand. Treatment to date has included oral pain medication, TENS unit, physical therapy and surgery. In a progress note dated 03/12/2015, the injured worker complained of ongoing low back pain, neck pain, frequent headaches and visual loss in the right eye. Objective findings were notable for limited range of motion of the neck, neck pain with cervical compression test, limited range of motion of the low back, sensory loss to light touch and pinprick in the right lateral calf and bottom of the foot, limited range of motion of the left shoulder with crepitus, positive impingement sign of the left shoulder, positive Tine's sign at the ulnar groove of the left elbow and sensory loss to light touch and pinprick over the volar aspect of the 4th and 5th digits of the left hand in comparison to the right. A request for authorization of Norco, Opana, Savella and Ambien was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Opana ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana), Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version, Opioids, criteria for use; Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Opana ER, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Opana ER is not medically necessary.

Savella 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Ixel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Ixel) Page(s): 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Milnacipran (Savella ½).

Decision rationale: Regarding the request for Savella, CA MTUS cites that it is under study as a treatment for fibromyalgia syndrome. ODG notes that it is not recommended for chronic pain. Within the documentation available for review, the provider notes that it is being utilized for the prevention of headaches, but this is not a supported indication and there is no clear evidence of efficacy from prior treatment. In light of the above issues, the currently requested Savella is not medically necessary.

Ambien 10mg #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, Pain Chapter, Online Version, Zolpidem (Ambien).

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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.