

Case Number:	CM13-0024139		
Date Assigned:	11/20/2013	Date of Injury:	05/15/1996
Decision Date:	01/06/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year-old male claimant who sustained an injury resulting in knee and back pain from a car accident on 5/15/96. He has been on pain medications since 2008. A summary of his history includes thoracic spine fracture, chronic pain disorder, depression, morbid obesity, sleep apnea, hypopnea syndrome, lumbar disc herniation, arthroscopic knee surgery, and bilateral rotator cuff surgeries. In 2011 he received a spinal cord stimulator. He has received Lunesta for sleep aid, Fentanyl patches and Percocet for pain and Lorazepam for anxiety since January 2013. At the time his pain ranged from 6/10 to 10/10 ranging from his knee to his cervical spine. A most recent exam note on 8/13/13 continues to indicate generalized pain 7/10. He had completed gastric bypass and had a weight of 170 lbs. He has had monthly visits with his treating physician in 2013 with essentially no change in pain scale ratings or documentation of changes, improvement or worsening of sleep patterns, anxiety, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-91.

Decision rationale: Percocet contains a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as a 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use but long-term use has not been supported by any trials. In this case, the claimant has been on Opioids for years with no improvement in pain scale. The continued use of Percocet is not medically necessary.

Lunesta 3mg, #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), Pain Chapter, Insomnia medications..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia medications..

Decision rationale: According to the ODG guidelines, Eszopicolone (Lunesta®) has demonstrated reduced sleep latency and sleep maintenance (Morin, 2007). It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. In this case, there is mention of sleep apnea, which is not treated with Lunesta. Sleep disturbances due to depression or anxiety is not an indication for Lunesta use. In addition, there is no documentation of a sleep study indicating the claimant has primary insomnia. As a result, Lunesta is not medically necessary.

Fentanyl 75mcg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl, Duragesic and Opioids Page(s): 44,47,78-79.

Decision rationale: According to the MTUS guidelines, Fentanyl patches are long acting opioids for patients with chronic pain not controlled by other means. In addition, chronic /long-term use of opioids requires documentation of pain relief and improvement in functional status. They are to be discontinued when there is no improvement in pain or functional status. A multidisciplinary approach is needed if no improvement is noted over 3 months. In this case, the claimant had no improvement in 8 months and had not undergone alternative regimens, multidisciplinary interventions or titration of long acting and short acting (Percocet) opioids. Consequently, Fentanyl is not medically necessary.

Clonazepam .5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Clonazepam is a Benzodiazepine, which according to the Chronic Pain Medical Treatment Guidelines is not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks. Its range of action includes: sedation, anxiolytic, anticonvulsant, and muscle relaxant. Long-term use may increase anxiety. The claimant has been on Benzodiazepines for greater than 8 months. According to the ODG guidelines, Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. There is a risk for early death, according to results of a large matched cohort survival analysis. Clonazepam is not medically necessary based on the above supported guidelines.

Lorazepam .5mg, #60: Upheld

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

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

Decision rationale: Lorazepam is a Benzodiazepine, which according to the Chronic Pain Medical Treatment Guidelines is not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks. Its range of action includes: sedation, anxiolytic, anticonvulsant, and muscle relaxant. Long-term use may increase anxiety. The claimant has been on Benzodiazepines for greater than 8 months. According to the ODG guidelines, Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. There is a risk for early death, according to results of a large matched cohort survival analysis. Lorazepam is not medically necessary based on the above supported guidelines.