

Case Number:	CM13-0041248		
Date Assigned:	03/24/2014	Date of Injury:	05/25/2009
Decision Date:	05/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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/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:

The patient is a 58 year old male who was injured on 05/25/2009. Prior treatment history has included an epidural injection performed on 09/05/2012; Norco, Prilosec, Xanax, Ambien, Lunesta, Fortesta; and replacement due to hypogonadism from chronic opioids use. The patient underwent a left carpal tunnel release and ulnar decompression on 08/14/2013. He underwent a right carpal tunnel release and ulnar nerve on 03/13/2013. Pain Management Compliance testing lab report dated 07/05/2013 revealed a detection of hydrocodone, hydromorphone, acetaminophen and Zolpidem. Urine Drug Screen performed 02/25/2013 is negative. Pain Management Compliance testing lab report dated 04/11/2013 revealed a detection of hydrocodone, hydromorphone, oxazepam, Temazepam and acetaminophen. A report dated 09/27/2013 indicated the patient has been remained off work since his last visit. He is taking Norco, Xanax, and Ambien. The patient reports using a wrist brace. He has complaints of severe pain to the neck that is constant. The pain radiates to the bilateral shoulders. He complains of pain to the right shoulder and to the left wrist. Objective findings on exam revealed tenderness to palpation of the cervical spine to the bilateral trapezii and cervical spine midline. Examination of the right shoulder reveals no tenderness. The right elbow reveals no tenderness to palpation. The left elbow reveals slight tenderness to palpation to the incision. There is a healed incision noted. On examination of the right wrist, there is no tenderness to palpation. The left wrist exam reveals slight tenderness to palpation to the volar aspect. The patient is diagnosed with 1) Cervical/trapezial sprain/strain; 2) Cervical spondylosis; 3) Cervical spine 4-5 mm disc protrusion at C5-6 per MRI study dated 07/15/2009; 4) Cervical spine 4-5 mm disc protrusion at C5-6 with central canal and foraminal; 5) Cervical spine chronic radiculopathy at C6-7; 6) Right shoulder impingement syndrome; 7) Right upper extremity cervical radiculitis; 8) Bilateral ulnar

neuropathies; 9) Status post right elbow ulnar nerve decompression; 10) Left elbow ulnar nerve decompression; 11) Bilateral carpal tunnel syndrome; 12) Status post right wrist carpal tunnel release; 13) Left wrist open carpal tunnel release. A request is made for the patient to continue Norco 10/325, Ambien 10 mg, Xanax 0.5 mg, Prilosec 20 mg, and Fortesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-96

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical documents do not support continuation of opioid pain management. There is no mention of improvement with opioid treatment. There is no mention of alternative treatment. There was no mention of improved quality of life. The patient has not returned to work and improved pain and function has not been demonstrated. Consequently, the request for Norco is not supported by the evidence-based guidelines, and the request is non-certified.

AMBIEN 10MG QHS #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ZOLPIDEM (AMBIEN; 1/2), INSOMNIA TREATMENT

Decision rationale: According to Official Disability Guidelines, Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are

commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. The medical records do not reveal any subjective report of sleep difficulties. The medical records submitted do not document any subjective complaints or corroborative clinical objective findings as to establish an active diagnosis of insomnia. Furthermore, the medical records reflect that Ambien has been used on a chronic basis, which is not recommended under the guidelines. Therefore the request is not medically necessary according to the guidelines. The request for Ambien is non-certified.

XANAX 0.5 #90: Upheld

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

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

Decision rationale: The Official Disability Guidelines states Xanax is not recommended for long-term use. Alprazolam, also known under the trade name Xanax, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. The medical records indicate the patient had been using Xanax chronically. According to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the medical records do not document subjective complaints, objective findings/observations, and a diagnosed anxiety disorder. Furthermore, a more appropriate treatment for anxiety disorder is an antidepressant. Based on these factors, Xanax is not recommended according to the guidelines, and the request is non-certified.

PRILOSEC 20MG #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) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). However, none of the above listed criteria apply to this patient. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at risk for GI events. In accordance with the CA MTUS guidelines, Prilosec is not medically necessary and therefore the request is non-certified.

FORESTA: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, TESTOSTERONE REPLACEMENT FOR HYPOGONADISM (RELATED TO OPIOIDS)

Decision rationale: According to the Official Disability Guidelines, Testosterone replacement for hypogonadism (related to opioids) may be recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. However the medical records do not establish that this patient had been receiving intrathecal opioids or high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. Review the medical records documents that the patient's medication regimen has included Fortesta. However, the medical records do not establish whether lab results revealed low testosterone level, and do not reveal that this patient exhibited symptoms and signs of hypogonadism such as gynecomastia. Furthermore, the guidelines state there is also a body of literature showing that improvement in strength and other function in those who are testosterone deficient who receive replacement. However, the medical records do not reveal that the patient has demonstrated any objective functional improvement with this testosterone replacement. Lastly, recommendation has been given discontinue Norco, in which case potential hypogonadism related to opioids use would not be an issue. Consequently, the medical necessity for Fortesta has not been established. Therefore the request is non-certified.