

Case Number:	CM13-0041563		
Date Assigned:	12/20/2013	Date of Injury:	09/20/2004
Decision Date:	03/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland and 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 45 year-old Journeyman Electrician sustained an injury on 9/20/04 while employed by [REDACTED]. The diagnoses include lumbar myoligamentous injury with L5-S1 spondylolisthesis and bilateral lower extremity radiculopathy, bilateral knee and ankle internal derangement, possible CRPS of lower extremities, s/p right wrist fracture with ORIF, s/p right ACL repair 2005 and 2008, Left knee and ankle surgery 2009, s/p right arthroscopic meniscal repair 2010, s/p PLIF at L4-S1 2011, urologic dysfunction/impotence, psoriatic arthritis, left quadriceps muscle strain and medication induce gastritis. The requests under consideration include Ultram ER 150mg, #30, Ambien 10mg, #30, Lorazepam 1mg, #60, Chantix 1mg, #60, and Lidoderm 5%, #30. The report of 9/12/13 from [REDACTED] noted c/o lower back pain radiating down bilateral lower extremities 9/10 pain scale; s/p lumbar ESI at bilateral S1 on 2/7/13 with relief for 3 months with symptoms returned. He c/o neck pain due to extensive dental procedure; there is pain in both knees. He is taking OxyContin 10 mg 3x/day and Norco 10/325 mg and Ultram for breakthrough pain. The exam showed decreased lumbar range of motion, positive sitting SLR bilaterally, decreased sensation along left posteromedial thigh and calf. Right knee showed mild soft tissue swelling with TTD at medial and lateral joint lines with reduced range from pain; Left thigh with palpable soft mass; Left knee tender along medial joint line; Right ankle wearing a brace. Requests above were non-certified, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Chronic Pain Medical Treatment Guidelines Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Section Page(s): page 79.

Decision rationale: Per report of 9/12/13, the patient is taking OxyContin 10 mg 3x/day and Norco 10/325 mg and Ultram for breakthrough pain. It is unclear why the patient is being prescribed two short-acting opiates for breakthrough pain besides long-acting OxyContin. The patient has persistent chronic pain without change in clinical findings or functional status. The patient was certified for detox program. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Ultram ER 150mg, #30 is not medically necessary and appropriate.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment Disability Duration Guidelines, Stress & Mental Illness Chapter.

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

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or

staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this 2004 injury. The Ambien 10mg, #30 is not medically necessary and appropriate.

Lorazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines Section Page(s): page 23.

Decision rationale: Lorazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam's continued use for the 2004 injury nor is there documented functional efficacy from treatment already rendered. Lorazepam 1mg, #60 is not medically necessary and appropriate.

Chantix 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration website

Decision rationale: Chantix or Varenicline is a smoking cessation medicine. It is used together with behavior modification and counseling support to help you stop smoking. The request for Chantix is not typical treatment for the accepted industrial condition. It appears the patient has been provided this treatment since December 2012. Manufacturer does not suggest use beyond 12 weeks. Guidelines do not address this medication; however, submitted reports have not demonstrated indication and medical necessity to continue with this smoking cessation medication and how it has functionally improved this injury of 2004. The Chantix 1mg, #60 is not medically necessary and appropriate.

Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section Page(s): pages 111- 113.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for her diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. Lidoderm 5% patch #60 is not medically necessary and appropriate.