

Case Number:	CM13-0053039		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2005
Decision Date:	03/10/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 55-year-old male with date of injury on 08/29/2005. The list of diagnoses are status post compound fracture of right distal tibia and fibula, status post ORIF, chronic pain syndrome, suspected CRPS, pain-related insomnia, anxiety, and depression, chronic low back pain due to gait disturbance and recent epidural injection and narcotic-related sedation. According to the treating physician's report on 09/27/2013, the patient has persistent right lower extremity pain being status post compound fracture and ORIF. The patient uses TENS unit intermittently for right lower extremity. The plan was for the patient to continue medication regimen, TENS unit. The current medications were Opana ER 40 mg, Dilaudid 4 mg, Lyrica 75, Valium 5 mg t.i.d., Provigil, Zantac, and Ambien CR. The report from 07/30/2013 states that the pain medications are necessary in order for him to be able to conduct activities of daily living including lower body dressing any weight bearing activities. Provigil is necessary to treat the patient's narcotic-related sedation. The patient's tolerance for weight bearing activities is approximately 5 minutes with the use of his medications, and without medications, about 2 minutes. The patient is unable to conduct activities of daily living adequately without his medications and without adequate pain control; he might well require full-time home health assistance. The patient's medications help to reduce his pain and spasm by approximately 50% to 60%. The patient signed a pain contract and has not exhibited any aberrant behaviors regarding his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

Decision rationale: The treating physician has been prescribing Valium 5 mg 3 times a day. Despite review of treating physician's report from 01/10/2013 to 12/02/2013, Valium is specifically addressed. The treating physician described how the patient is doing with all the medications, in particular, with opiates but Valium is not addressed. The California MTUS Guidelines page 24 states that Benzodiazepines were not recommended for long-term use because long-term efficacies are unproven and there is risk of dependence. This patient has been on this medication for long-term basis and given MTUS Guidelines recommendations for no long-term use, recommendation is for denial.

Opana ER 40mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section Page(s): 60-61.

Decision rationale: The patient has been prescribed Opana ER 40 mg on a regular basis for quite some time. The medical records were reviewed from 01/10/2013 to 12/02/2013. The recent reports, in particular, indicate that the patient's level of pain is going from 8/10 to 4/10. The California MTUS Guidelines require documentation of 4 As that include analgesia, activities of daily living, adverse side effects, and adverse behavior. In this case, the treating physician provides adequate documentation of all 4 A's including pain reduction, activities of daily living, and he notes that there are no adverse behaviors and no significant side effects that would interfere with activities of daily living. The utilization reviewer denied the request stating the limit for 120 mEq morphine. However, MTUS recommends referral to a pain management specialist should the patient require more than 120 mg equivalent. In this case, the treating physician has done an adequate job managing this patient's pain providing necessary documentation to have the medication continued. The recommendation is for authorization.

Dilaudid 4mg #180 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section Page(s): 60-61.

Decision rationale: The patient has been prescribed Dilaudid 4 mg on a regular basis for quite some time. The California MTUS Guidelines require documentation of 4 A's that include analgesia, activities of daily living, adverse side effects, and adverse behavior. In this case, the treating physician provides adequate documentation of all 4 A's including pain reduction, activities of daily living, and he notes that there are no adverse behaviors and no significant side effects that would interfere with activities of daily living. The utilization reviewer denied the request stating the limit for 120 mEq morphine. However, California MTUS recommends referral to a pain management specialist should the patient require more than 120 mg equivalent. In this case, the treating physician has done an adequate job managing this patient's pain providing necessary documentation to have the medication continued. The recommendation is for authorization.

Lyrica 75mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug Section Page(s): 16-17.

Decision rationale: The treating physician does not single out Lyrica and its effectiveness. The California MTUS Guidelines page 60 states that for medication used for chronic pain, pain assessment and efficacy as it relates to the medication prescribed needs to be documented. In this case, while the treating physician provides documentation regarding other medications the patient is on, no specifics were discussion regarding the use of Lyrica and how effective it has been. The California MTUS Guidelines page 16 and 17 states that a good response of use of antiepileptic drugs has been defined as a 50% reduction in pain and a moderate response is 30% reduction. A 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may trigger switching to a different line using a combination therapy. It further states "after initiation of treatment there should be documentation of pain relief, improvement in function as well as documentation of side effects incurred with use." In this case, no specifics were discussed regarding Lyrica. There is no documentation that the patient's neuropathic pain or CRPS is reduced by at least 30%. The recommendation is for denial.

Provigil 100mg #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 (Chronic)

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

Decision rationale: The treating physician has been prescribing Provigil to counter this patient's opioid-induced somnolence. While the California MTUS and ACOEM Guidelines do not discuss Provigil, ODG Guidelines have a specific discussion regarding this medication. Provigil is not recommended solely to counteract sedation effects of narcotics and that it should be used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, the treating physician is specifically using this medication to counter sedation effects of the narcotics. This is not recommended per ODG Guidelines. The recommendation is for denial.

Ambien CR 12.5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

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

Decision rationale: The treating physician has been prescribing Ambien CR for this patient on a prolonged basis. The California MTUS and ACOEM Guidelines do not specifically discuss Ambien CR. However, ODG guidelines states that longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Although the 24 weeks may be considered the upper end limit for the use of this medication, there are no discussions whether or not this medication can be effective for longer term. Given this patient's chronic pain, which is known to cause insomnia and the provider's documentation that Ambien CR has been effective in managing this patient's sleep disorder, recommendation is for authorization.