

Case Number:	CM14-0004116		
Date Assigned:	02/03/2014	Date of Injury:	03/08/2000
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine, 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 [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral shoulder pain associated with an industrial injury of March 08, 2000. Thus far, the patient has been treated with NSAIDs, opioids, sedatives, Celexa, Imitrex nasal spray, and acupuncture. Current medications include OxyContin, Percocet, Valium, Xanax, naproxen, Imitrex, Nexium, and Ambien. Medications decrease pain levels and allow the patient to exercise and perform activities of daily living. Review of progress notes reports back pain and neck pain radiating up to the left side of the face and with numbness and tingling of the arm. Patient also experiences headaches, insomnia, depression, and anxiety. Cervical MRI from 2006 showed multilevel small broad-based protrusions. Lumbar MRI from March 2013 showed mild lumbar spondylosis and multilevel annular bulges. Utilization review dated December 19, 2013 indicates that the claims administrator denied a request for Percocet as patient is on high dose opioids and titration is warranted; Valium, Xanax, and Ambien as patient is on high dose steroids and concerns regarding respiratory depression and rebound anxiety is present; and Naproxen as patient is on very high doses of opioids and it is unclear as to the benefit of NSAIDs, and renal, cardiac, and GI concerns are seen with long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 78-81

Decision rationale: As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The employee has been on this medication since at least January 2013. The employee is currently on a high dose opioid regimen of OxyContin 60mg twice a day and Percocet 10/325mg four times a day. There is no documentation of periodic urine drug screens or of significant functional benefits derived with this medication. Therefore, the request for Percocet 10/325mg #120 was not medically necessary according to the guideline recommendations of the California MTUS.

VALIUM 5 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The employee has been on this medication since at least January 2013. This medication is not recommended for long-term use. Also, the employee is on high dose opioid regimen and combination of these medications raises concern about respiratory depression. Therefore, the request for Valium 5mg #60 was not medically necessary according to the guideline recommendations of the California MTUS.

XANAX 0.5 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2. CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DIAZEPAM,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-

term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The employee has been on this medication since at least January 2013. Recent progress notes do not describe symptoms of insomnia or anxiety. It is unclear as to why two benzodiazepine medications are necessary in this employee, along with a high dose opioid regimen. Also, this medication is not recommended for long term use. Therefore, the request for Xanax 0.5mg #60 was not medically necessary according to the guideline recommendations of the California MTUS.

NAPROXEN 550 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As stated in pages 67-69 of the California MTUS chronic pain medical treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The employee has been on this medication since at least January 2013. The benefit of this medication in this employee is unclear, and long-term efficacy is unclear. There is no clear indication as to the necessity of this medication. Therefore, the request for naproxen 550mg #60 was not medically necessary according to the guideline recommendations of the California MTUS.

AMBIEN 5 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, AMBIEN; and the FDA (Ambien).

Decision rationale: The California MTUS does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG and FDA were used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. The employee has been on this medication since February 2013. Recent progress notes do not describe the employee's sleep issues. Also, this medication is not recommended for long term use. Therefore, the request for Ambien 5mg #30 was not medically necessary according to the guideline recommendations of ODG and FDA.