

Case Number:	CM14-0010805		
Date Assigned:	02/21/2014	Date of Injury:	02/20/1999
Decision Date:	07/21/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation 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 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 57-year-old male who has filed a claim for closed fracture of calcaneus associated with an industrial injury date of February 20, 1999. Review of progress notes from early 2013 indicates bilateral heel, ankle, and foot pain. Patient has a history of sleep disorder, major depressive disorder, panic disorder, and post-traumatic stress disorder due to injury. Findings include an antalgic gait; left hindfoot varus deformity; right pes planovalgus deformity; tenderness over bilateral plantar fascia, anterior talofibular ligaments, and peroneal tendon; tenderness over the lumbar spine; limited range of motion of the ankles and lumbar spine; positive straight leg raise test; and diminished L5-S1 sensation. Treatment to date has included Soma, opioids, gabapentin, anti-depressants, sedatives, psychotherapy, and topical creams. Utilization review from January 09, 2014 denied the requests for alprazolam 0.5mg #90, zolpidem tartrate 10mg #30, gabapentin 400mg #120, and hydroxyzine pamoate 50mg #60 as there was no clinical record documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5MG #90: Upheld

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

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

Decision rationale: As noted on page 24 of the CA 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. Patient has been on this medication since at least August 2012. However, there is no documentation regarding patient's recent and current complaints. Also, this medication is not recommended for long-term use. Therefore, the request for alprazolam 0.5mg #90 is not medically necessary.

ZOLPIDEM TARTRATE 10MG #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 (updated 11/14/13) Insomnia treatment.

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 (zolpidem tartrate).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was 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. Patient has been on this medication since at least August 2012. Patient is taking this in addition to trazodone to aid sleep. However, there is no documentation regarding patient's recent and current complaints. Also, this medication is not recommended for long-term use. Therefore, the request for zolpidem tartrate 10mg #30 is not medically necessary.

GABAPENTIN 400MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since at least August 2012. However, there is no documentation regarding patient's current

condition. Additional information is necessary at this time. Therefore, the request for gabapentin 400mg #120 was not medically necessary.

HYDROXYZINE PAMOATE 50MG #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 (updated 11/14/13) Anxiety medications in chronic pain.

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, Anxiety medications in chronic pain; Weaning, opioids (specific guidelines).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, hydroxyzine may be used to control anxiety as an important part of chronic pain treatment. It can also be used to manage opioid withdrawal symptoms of insomnia and restlessness. Patient has been on this medication since January 2013 for generalized anxiety. However, there is no documentation regarding patient's current condition. Additional information is necessary at this time. Therefore, the request for hydroxyzine pamoate 50mg #60 is not medically necessary.