

Case Number:	CM14-0014232		
Date Assigned:	02/26/2014	Date of Injury:	12/31/2012
Decision Date:	08/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 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:

This is a 49-year-old female with a 12/31/12 date of injury after chronic heavy lifting of groceries injuring her low back. The patient was seen on 11/7/13 with complaints of pain in the thoracic and lumbar spine with associated numbness and tingling of the legs bilaterally, and right shoulder pain. She was noted to be on Ambien, Methadone, Percocet, Soma, Clonazepam, Cymbalta, and Lyrica for pain. Exam findings revealed hypoesthesia of L3 and L4 on the right with a non-antalgic gait. She was referred for a functional restoration program and received an evaluation. She was again seen on 11/27/14 where she was noted to be on Suboxone, Percocet, Oxycontin, Lorazepam, clonazepam, and Ambien. The diagnosis is lumbar disc degenerative disease, opiate dependence, and shoulder joint pain. Treatment to date is medication management, physical therapy in 2013 (not helpful), and medial branch blocks to L4/5 and L5/S1. An adverse determination was received on 1/15/14 for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM TAB 1MG #60 (30 DAYS SUPPLY): Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The patient has been noted to be on this medication for greater than four weeks and chronically. There is no indication that this medication has improved her visual analogue scale (VAS) or provided any lasting functional gains. In addition, the patient is noted to be on Lorazepam, another benzodiazepine, at the same time, and it is unclear why this patient requires two benzodiazepines simultaneously. The guidelines regarding duration of use of this medication have been exceeded. Therefore, the request for Clonazepam was not medically necessary.

SUBOXONE MIS 4-1MG #180 (30 DAYS SUPPLY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Butrans, Buprenorphine.

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-Buprenorphine.

Decision rationale: CA MTUS does not address this issue. Suboxone is a combination of Buprenorphine hydrochloride and naloxone hydrochloride sublingual film. The Official Disability Guidelines (ODG) states that buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment, the drug should be reserved for use by clinicians with experience. This patient is noted to be opiate dependent and has been on Methadone and Percocet with regard to opiate use for pain chronically. However, there is no documentation to support that a taper has been attempted and failed. In addition, the patient is concurrently on the same dose of Percocet, and Oxycodone while concurrently using Suboxone, which does not indicate an attempt at detoxification off opiates. Therefore, the request for Suboxone was not medically necessary.

ZOLPIDEM TAB 10MG #30 (30 DAYS SUPPLY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Sleeping Medications.

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 FDA Ambien.

Decision rationale: CA MTUS does not address this issue. The Official Disability Guidelines (ODG) and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The patient has been noted to be on this medication chronically for sleep. There is no indication that this medication has significantly improved her sleep habits, nor are her sleep habits thoroughly discussed. In addition, the guidelines regarding duration of use have been exceeded. Therefore, the request for Ambien was not medically necessary.