

Case Number:	CM14-0014856		
Date Assigned:	02/28/2014	Date of Injury:	01/09/2009
Decision Date:	07/21/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 46-year-old female with a 01/09/2009 date of injury. A specific mechanism of injury was not described. 1/15/14 determination rendered a modified certification. Clonazepam .5mg was modified from #90 to 1 month supply. MS Contin 30mg #60 was modified to 1 month supply. Norco 10/325 #150 was modified to 1 month supply. Olanzapine 2.5mg #30 was modified to 1 month supply. Zolpidem tartrate 10mg #30 was non-certified. The modification of medications were provided to allow weaning. Specifically regarding opioids there was not clear indication of quantifiable pain relief and functional improvement, appropriate medication use, or lack of aberrant behavior. Regarding clonazepam there was no rationale for the use of two benzodiazepines and no functional benefit from the medication. Regarding olanzapine no documentation of schizophrenia and bipolar disorder. Regarding zolpidem tartrate no indication for chronic use and no functional benefit from the medication. 1/22/14 medical report identifies tenderness to palpation over the bilateral lumbar facets, positive SLR, mild antalgic gait, and right L5 paresthesias. It is noted that the patient's opioid medications were reviewed, the patient was counseled on the benefits, potential side effects, and risks of the use of medications. The patient agrees to request refills only from the provider's office. Pain rated 9/10 with pain medications, there has been sudden increased pain in the last two days. 1/3/14 medical report identifies a pain level of 7/10 with medications. It is noted that the patient's anxiety about the case is significant. 12/6/13 report identifies a pain level of 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL CLONAZEPAM 0.5MG #90: Overturned

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: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. It appears that the patient has been on this medication for a significant amount of time and there is no clear indication of efficacy. There is indication of anxiety, but no description if the medication provides any benefit. In addition, CA MTUS does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Furthermore, there is no indication for prescription of two benzodiazepines concurrently (given that the patient is also taking Xanax). However, given chronic intake of benzodiazepines abrupt cessation is not recommended. One month of medication, as indicated in the previous determination was medically necessary to allow proper weaning of this medication.

REFILL MS CONTIN 30MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 <http://www.americanpainsocie>.

Decision rationale: There is indication of medication monitoring in the form of patient education and side effects. However, it is noted that pain has been increasing at each visit, being at 9/10 on the last visit. There is no clear indication that the medications are providing continued analgesia and continued functional benefit. There is also no indication of urine toxicology tests or other forms of monitoring such as CURES report. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. At the time of the prior determination one month of medication was certified to provide opportunity for submission of the missing documentation or to allow proper tapering. Abrupt cessation was not recommended due to chronic opioid intake. MS Contin is medically necessary and appropriate to be used to initiate downward titration and avoid withdrawal.

REFILL NORCO 10/325MG #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI.

Decision rationale: As mentioned, there is indication of medication monitoring in the form of patient education and side effects. However, the patient has had increasing pain, being at 9/10 the last office visit. It is not clear if Norco is providing continued analgesia and continued functional benefit. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. At the time of the prior determination one month of medication was certified to provide opportunity for submission of the missing documentation or to allow proper tapering. Abrupt cessation was not recommended due to chronic opioid intake. Norco is medically necessary and appropriate to allow time to be used to initiate downward titration and avoid withdrawal.

REFILL OLANZAPINE 2.5MG #30: Overturned

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) Mental Illness and Stress Chapter, Atypical antipsychotics.

Decision rationale: ODG states that the American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. There is no clear indication for the necessity of this medication. There is anxiety, however, no substantial behavioral problems to substantiate the need for an atypical antipsychotic. It is not clear how long the patient has been on this medication and what has been the specific benefit from such. However, abrupt cessation was not indicated and the medication was considered medically necessary, as recommended in prior determination, to allow proper weaning and total cessation of the medication.

ZOLPIDEM TARTRATE 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Anxiety 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 (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia.

Decision rationale: 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. There is no clear indication of insomnia and its characteristics, such as with sleep initiation. There is no indication if the patient is following a sleep hygiene regimen and this has been insufficient to address the patient's sleep difficulties. There was also no indication of how long the patient has been on this medication and the specific benefits arising from such. This request is not medically necessary.