

Case Number:	CM14-0133012		
Date Assigned:	08/22/2014	Date of Injury:	09/03/2003
Decision Date:	09/25/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/20/2014

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 62-year-old male with a 9/3/03 date of injury. The mechanism of injury was not noted. There were no records provided for review. The UR decision dated 7/17/14 refers to a progress note dated 7/9/14, however, this was not provided for review. The patient indicated that medications continue to be of great help in managing the claimant's pain and associated mood disorder. Medications allow the claimant to function, be active, engage in life, and enjoy life. The claimant does not feel able to wean off of any medications and is constantly monitoring the intake. He rated his pain at 5/10 with medications and 9/10 without medications. Upon physical examination, the claimant walked an antalgic gait. There was moderate right sciatic notch tenderness noted. The patient's current medications include: Ambien 10 mg -1 tablet at hour of sleep started 6/8/11, Diazepam 10 mg 1-2 tablets at hour of sleep as needed started 2/23/10, Ibuprofen 1 tablet 3 times a day as needed, Methocarbamol 750 mg 1 tablet 3 times a day as needed, Opana 10 mg 1 tablet every 4-6 hours as needed, Opana ER 20 mg 1 tablet every 12 hours, and Viibryd 10 mg 1 tablet every day. Diagnostic impression: not provided. Treatment to date: medication management, activity modification. A UR decision dated 7/17/14 denied the requests for Ambien, Diazepam, Methocarbamol, Opana, and Opana ER. Regarding Ambien, in the most recent clinical records, there is no delineation of sleep disturbance complaints such as quality of sleep with evidence of improvement from prior use of medications. A previous UR decision had recommended weaning the patient off of Ambien. Regarding Diazepam, a previous UR decision had recommended weaning the patient off of Diazepam as long-term use is not supported. Regarding Methocarbamol, there is no documentation of muscle spasm on the most recent clinical records provided. A previous UR decision had recommended weaning the patient off of Methocarbamol. Regarding Opana and Opana ER, a previous UR decision had recommended weaning the patient off these medications. The claimant's MED was higher than

the recommended MED of 120. There is no documentation of risk assessment profile, weaning/tapering, as well as objective functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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: Pain Procedure Summary , Zolpidem (Ambien).

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 Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: 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. It is documented that the patient has been taking Ambien since at least 6/8/11. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed the issue of proper sleep hygiene with the patient. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

Diazepam 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: The 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. It is documented that the patient has been taking Diazepam since at least 2/23/10, if not earlier. Guidelines do not support the long-term use of benzodiazepine medications. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the patient is also taking opioid medications, and the combination of opioids and benzodiazepines can increase the risk of adverse effects, such as sedation. Therefore, the request for Diazepam 10mg #30 is not medically necessary.

Methocarbamol 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Short-term use of non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, it is unclear how long the patient has been taking Methocarbamol, and long-term use is not supported by guidelines. In addition, there were no documented subjective or objective findings indicating that the patient was suffering from muscle spasms. There was no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Methocarbamol 750 mg #90 is not medically necessary.

Opana 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient is also taking Opana ER 20 mg, and the MED from the combined opioid medications is 300. Guidelines do not support the use of opioid medications with a MED of 200 or greater due to the increased risk of adverse effects such as respiratory depression and sedation. In addition, the patient is also taking the benzodiazepine, Diazepam, which can further increase the risk of side effects. Furthermore, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Opana 10 mg #180 is not medically necessary.

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommendations of opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient is also taking Opana 10 mg, and the MED from the combined opioid medications is 300. Guidelines do not support the use of opioid medications with a MED of 200 or greater due to the increased risk of adverse effects such as respiratory depression and sedation. In addition, the patient is also taking the benzodiazepine, Diazepam, which can further increase the risk of side effects. Furthermore, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Opana ER 20 mg #60 is not medically necessary.