

Case Number:	CM14-0150563		
Date Assigned:	09/18/2014	Date of Injury:	10/16/2001
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

The injured worker is a 62 year-old male who sustained an injury on 10/16/01. On 08/15/15, he complained of having acute exacerbation of neck pain and back pain off and on, which radiated to both upper extremities associated with tingling and numbness, rated at 3-6/10. His sleep was decreased secondary to pain. He also complained of depression, frustration, and decreased activities of daily living (ADL) and quality of life. Lumbosacral/cervical exam revealed paraspinal muscle spasms, decreased flexion, extension, and lateral rotation, and multiple trigger points. There was tenderness of the lumbar facets at L2-3, L3-4 and L4-5 and sacroiliac joints bilaterally. He underwent a neck surgery. Current medications include Klonopin, Rozerem, Norco, OxyContin, and Zanaflex. Multiple reports from 02/11/12 to 10/19/13 indicated pain was well controlled on OxyContin, Klonopin, Rozerem, Norco and Zanaflex. Report of 06/02/13 indicated physical therapy (PT) had not helped in the past. Diagnoses include degenerative disc disease (DDD) of the lumbosacral spine with myofascial pain, lumbar facet arthropathy, bilateral sacroiliitis, chronic pain syndrome status post failed neck surgery, chronic obstructive pulmonary disease (COPD), anxiety, depression, and neuropathic pain. OxyContin, Klonopin, Rozerem, and Zanaflex were previously approved on 12/29/12 and 02/07/14. Norco was previously modified and approved on 02/07/14. A report on 08/03/13 indicated he is slowly weaning off Zanaflex. The request for Norco 10/325 mg #120 was modified to Norco 10/325 #108; Klonopin 0.5 mg #90 was modified to Klonopin 0.5 mg #51; and OxyContin 60 mg #60 was modified to OxyContin 60 mg #30 on 08/27/14. The request for Rozerem 8 mg #30 and Zanaflex 4 mg #90 were denied on 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Page(s): 74, 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Continued opioid therapy is recommended in return to work or significant improvement in pain / function. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale [VAS]) or function specifically with prior use of this medication to demonstrate its efficacy. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of Norco at the current dose. There is no evidence of attempt to return to work. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

Rozerem 8mg #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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment: Rozerem

Decision rationale: Rozerem is a Melatonin-receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled. One systematic review concluded that there is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. In this case, there is no documentation of proper sleep hygiene that is critical to the individual with chronic pain. Furthermore, there is no documentation of any significant improvement in sleep with prior use of this medication. As such, the request is not medically necessary per guidelines and based on the submitted clinical information.

Klonopin 0.5mg #90: Upheld

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

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

Decision rationale: According to the guidelines, benzodiazepines are not recommended. These medications 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. Clonazepam (Klonopin) is not recommended. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. There is no documentation of any significant improvement in function with prior use. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary for this injured worker; Klonopin is not medically necessary.

Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti spasticity/Antispasmodic drugs: Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity. The medical records do not document the presence of substantial muscle spasm refractory to first line treatments. The medical records do not demonstrate the injured worker presented with exacerbation unresponsive to first-line interventions. Therefore, the request is not medically necessary according to the guidelines and based on the available clinical information.

Oxycontin 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Page(s): 91.

Decision rationale: As per the California Medical Treatment Utilization Schedule (MTUS) guidelines, OxyContin is a controlled, extended and sustained release preparations should be reserved for injured workers with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-

related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Continued opioid therapy is recommended in return to work or significant improvement in pain / function. In this case, the records do not demonstrate any significant reduction in pain level (i.e. visual analog scale [VAS]) or function with the use of this medication. There is no documentation of ongoing rehabilitation or home exercise. There is no evidence of recent urine drug test in order to monitor compliance. There is no evidence of attempt to return to work. Therefore, the medical necessity for Oxycontin at current dose has not been established based on guidelines and lack of documentation.