

Case Number:	CM14-0151632		
Date Assigned:	09/19/2014	Date of Injury:	08/15/2002
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/17/2014

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 Tennessee. 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 56-year-old female with an 8/15/01 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/13/14, the patient complained of ongoing pain to her neck and left upper extremity. She has been using Norco, creams, and Ambien, which she stated were helping. Lately, she has been having difficulty with activity and function more than usual. It is noted in a 7/15/14 report that the provider has prescribed Ultracet in case the patient runs out of Norco. Objective findings: tenderness in the paraspinous musculature of the cervical region, range of motion is reduced with pain to the posterior cervical spine, trapezius muscle on the left side and upper suprascapular region, mild spasm on cervical range of motion. Diagnostic impression: status post anterior cervical discectomy and fusion, hypermobility with junctional pathology and disc annular tear, bilateral carpal tunnel syndrome, depressive disorder. Treatment to date: medication management, activity modification, surgery. A UR decision dated 8/27/14 denied the requests for Ativan, Ambien, AppTrim, and Ultracet. Regarding Ativan, the patient had been prescribed Ativan long-term dating well over a year. Furthermore, benzodiazepines have been found to be a major cause of overdose when used in combination with opioids, which the patient was prescribed for chronic pain. Regarding Ambien, according to available documentation, the patient had been prescribed Ambien beyond the recommended 2 to 6 week period. Regarding AppTrim, this is a medical food intended for the specific dietary management of obesity. There is not sufficient research to support the medical necessity or clinical efficacy of this medical food. Regarding Ultracet, prior documentation notes that the patient had not been utilizing the medication and that it was being prescribed by the provider in case Norco was not provided. Furthermore, the patient was not experiencing adequate pain control with the use of Norco, and the addition of Ultracet to the current treatment regimen is not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg: 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), Mental Illness & Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. According to the reports reviewed, this patient has been taking Ativan since at least 2/11/14, if not earlier. Guidelines do not support the long-term use of benzodiazepines. In addition, the patient is also taking Norco. Guidelines do not support the concurrent use of benzodiazepines and opioids due to the increased risk of adverse effects, such as sedation. Lastly, the quantity of medication requested was not noted. Therefore, the request for Ativan 1mg was not medically necessary.

Ambien 10 mg: 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 (Chronic) Chapter

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 FDA (Ambien)

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. According to the reports reviewed, this patient has been taking Ambien since at least 2/11/14, if not earlier. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Lastly, the quantity of medication requested was not noted. Therefore, the request for Ambien 10mg was not medically necessary.

Unknown prescription of AppTrim: 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 (Chronic) Chapter

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 <http://www.ptlcentral.com/medical-foods-products.php>

Decision rationale: CA MTUS does not address this issue. However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. According to an online search, Apptrim is a specially formulated prescription only Medical Food, consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. There is no documentation that the patient has attempted a trial of diet and exercise to address her weight issue. A specific rationale identifying why this medical food is required in this patient despite lack of guideline support was not provided. Therefore, the request for Unknown prescription of AppTrim was not medically necessary.

Unknown prescription of Ultracet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

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

Decision rationale: CA 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. According to the report dated 7/15/14, the provider has prescribed Ultracet in case the patient runs out of Norco. However, there is no documentation of functional improvement or significant pain relief with the patient's Norco use to justify the addition of another opioid analgesic. Guidelines do not support the use of two short-acting opioid analgesics at the same time. Therefore, the request for Unknown prescription of Ultracet was not medically necessary.