

Case Number:	CM14-0154045		
Date Assigned:	09/23/2014	Date of Injury:	01/06/2003
Decision Date:	11/25/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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 63-year-old female who reported an industrial injury on 1/6/2003, over 11 years ago, attributed to the performance of her usual and customary job tasks. The patient is noted to complain of neck pain that radiates to the bilateral upper extremities. The patient also complains of lower back pain. The objective findings on examination include diminished range of motion of the cervical spine; diminished sensation over the C5-C6 dermatomes and weakness in the bilateral C5-C7 dermatomes; decreased range of motion to the lumbar spine; tenderness to palpation to the paraspinal musculature. The patient is prescribed Xanax 0.5 mg #60 with two refills; Temazepam 30 mg #30 with two refills; and Norco 10/325 mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) pain chapter--medications for chronic pain; benzodiazepines

Decision rationale: The continued prescription of Xanax (alprazolam) 0.5 mg #60 with 2 refills is not supported with objective evidence to support medical necessity and is inconsistent with the recommendations of the currently accepted evidence based guidelines. The patient is being prescribed a benzodiazepine for a muscle relaxant and an anxiety agent, which is not recommended by the CA MTUS. There is no demonstrated medical necessity for the prescription of Xanax/Alprazolam for this patient in relation to the effects of the industrial injury. The Xanax/Alprazolam is being prescribed for anxiety issues that are not supported with a rationale for a nexus to the cited mechanism of injury or cited diagnoses. The patient was recommended to be discontinued from the prescribed Xanax/Alprazolam by weaning down and off. The anxiety issues are not demonstrated to be industrial and should be treated with alternative methods. Therefore, the Xanax 0.5mg #60 with 2 refills is not medically necessary and appropriate.

Temazepam 30mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--insomnia and Zolpidem and on Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

Decision rationale: The prescription for Restoril 30 mg #30 (Temazepam) is recommended only for the short-term treatment of insomnia. The patient is being prescribed the Temazepam every night and is given a prescription to use it on a nightly basis. The patient has exceeded the recommended time period for the use of this short-term sleep aide. The ACOEM Guidelines and the ODG do not recommend the use of benzodiazepines in the treatment of chronic pain insomnia. The continued use of Restoril is associated with tolerance and addictive behavior consistent with the class of benzodiazepines. The treating physician has not documented any conservative treatment for insomnia and the treatment of the stated insomnia has exceeded the time period recommended by the evidence-based guidelines. There is no evidence that the patient has exhausted all of the available OTC sleep remedies. It is not clear that insomnia, 11 years after the DOI, is an effect of the cited industrial injury. There is no demonstrated medical indication for the prescribed Temazepam as a sleep aid. Therefore, the request for Temazepam 30mg #30 with 2 refills is not medically necessary and appropriate.

Norco 10/325 #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation ODG pain chapter-opioids and ACOEM Guidelines updated chapter on chronic pain.

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 with refill x2 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck and shoulder for the date of injury 11 years ago for the reported diagnoses. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic neck/back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 11 years s/p DOI with reported continued issues; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic neck pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical

documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. Therefore, the Norco 10/325 #60 with 2 refills is not medically necessary and appropriate.