MAXIMUS Federal Services

Case Number:	CM14-0185294		
Date Assigned:	11/13/2014	Date of Injury:	11/30/2007
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabiliation 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 patient sustained an injury on 11/30/07 while employed by [redacted]. Request(s) under consideration include Norco 10/325mg #50, Ambien 10mg #30, and Venlafaxine ER 75mg #30. Diagnoses include lateral elbow epicondylitis; CTS; de Quervain's tenosynovitis and myofascial pain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 10/7/14 from the provider noted the patient with chronic ongoing hip pain. Exam showed tenderness on palpation with guarding and antalgic gait; bilateral hips with decreased range of motion. Treatment plan included medication refills and surgical evaluation. The request(s) for Norco 10/325mg #50, Ambien 10mg #30, and Venlafaxine ER 75mg #30 were non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #50 is not medically necessary and appropriate.

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, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (AmbienÂ®), pages 877-878

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/ hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2007 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg #30 is not medically necessary and appropriate.

Venlafaxine ER 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, Anti-depressants for Treatment of Chronic Persistent Pain Page(.

Decision rationale: MTUS Medical Treatment Guidelines; do not recommend Venlafaxine, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2007 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Venlafaxine ER 75mg #30 is not medically necessary and appropriate.