

Case Number:	CM14-0020716		
Date Assigned:	04/30/2014	Date of Injury:	01/09/2009
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

The patient is a 46 year old female with a date of injury 1/9/09 with persistent back and leg pain. Pain level with medication is 6/10. Her diagnoses included radiculopathy, lumbosacral neuritis, and low back pain. Per the 3/28/14 progress report, there was no abnormal curvature of the spine. There was tenderness to palpation over the right lumbar facets and left lumbar facets. Straight leg raise was positive on the right at 80 degrees. Gait was mildly antalgic. Imaging studies are not in the documentation submitted for review. It is not stated whether physical therapy was utilized. She was refractory to medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5MG #90: Upheld

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

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

Decision rationale: With regard to benzodiazepines, the California MTUS Chronic Pain Medical Treatment Guidelines (CPMTG) states that it is 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. Their range of action includes sedative and hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation submitted for review provides no rationale or support for the request. There is clinical data provided to support the use of a benzodiazepine for the injured worker's diagnoses. The documentation contains no mention of anxiety, muscle spasm, or insomnia. The request is not medically necessary.

MS CONTIN 30MG #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 Page(s): 78, 93.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, p78, regarding on-going management of opioids: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients 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 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveal no documentation to support the medical necessity of MS Contin, or any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The injured worker's pain level after medication is documented; however, pain level without medication is not documented. There is no documentation comprehensively addressing the above stated concerns in the records available for my review. As the MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.

NORCO 10/325MG #150: 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): 78, 91.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, p78, regarding on-going management of opioids: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients 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 As (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveal no documentation to support the medical necessity of Norco or any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The injured worker's pain level after medication is documented; however, pain level without medication is not documented. There is no documentation comprehensively addressing the above stated concerns in the records available for my review. As the MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.

OLANZAPINE 2.5MG #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) Pain (chronic), Anxiety medications in chronic pain.

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), Anxiety medications in chronic pain.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines (CPMTG) is silent on the use of olanzapine. Per the ODG TWC guidelines, with regard to using anxiety medications in chronic pain: It recommends diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Atypical antipsychotics: Olanzapine (Zyprexa) and Risperidone (generic available): used as an adjunct agent. The documentation submitted for review provides no rationale or support for the request. There is clinical data provided to support the use of an olanzapine for the injured worker's diagnoses. The documentation contains no mention of anxiety, schizophrenia, or bipolar disorder. The request is not medically necessary.

XANAX 0.25MG #30: Upheld

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

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

Decision rationale: With regard to benzodiazepines, the California MTUS CPMTG states: It is 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. Their range of action includes sedative and hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation submitted for review provides no rationale or support for the request. There is clinical data provided to support the use of a benzodiazepine for the injured worker's diagnoses. The documentation contains no mention of anxiety, muscle spasm, or insomnia. The request is not medically necessary.

ZOLPIDEM TARTRATE 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 (ODG), Pain (Chronic), 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 (Chronic), Zolpidem (Ambien).

Decision rationale: The California MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, 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. The documentation submitted for review does not indicate insomnia or sleep disturbance as a problem. The request is not medically necessary.