

Case Number:	CM14-0026964		
Date Assigned:	06/13/2014	Date of Injury:	08/07/2006
Decision Date:	08/13/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 43-year-old female who reported being pulled forward and down on 08/07/2006. On 04/28/2014, her diagnoses included right shoulder pain, right carpal tunnel syndrome, and lower back pain at the L5-S1 levels. Her medications included Duragesic patch 50 mcg, Roxicodone 30 mg and Restoril 30 mg. In a record review of 05/03/2013, it was noted that this worker was seeing multiple doctors and receiving multiple opioid prescriptions. The note referenced a 06/01/2011 letter from a pain management and wellness clinic stating that they had become aware that this worker had been receiving narcotic medications from different physicians. They considered that highly inappropriate and a violation of their pain agreement and they discharged her as a patient for that reason. An evaluation by a psychiatrist on 11/10/2010 included the diagnosis on axis 1 of opiate dependency syndrome. In a report dated 01/30/2012, it was noted that the most likely etiology of this worker's possible seizure activity reflects the interactions of medications. A neurological examination of 05/17/2012 was entirely within normal limits. It was noted that the examination was compatible with toxic encephalopathy. There was a strong recommendation that this worker is referred to an inpatient facility where she could be detoxified and an alternate course of rehabilitation be initiated. Her diagnoses included low back pain, degenerative disc disease of the lumbar spine, right shoulder pain, polypharmacy, loss of consciousness, sleep apnea, and headaches. The rationale by the requesting physician was that without Roxicodone her pain increased and her function decreased, and that she can perform her ADLs and chores if she had her medications. The note further stated that if she does not have her medications she goes to the emergency room and gets shots. There was no Request for Authorization with the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF RESTORIL 30MG #30 WITH 2 REFILLS: 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: The request for 1 prescription of Restoril 30 mg #30 with 2 refills is not medically necessary. California MTUS does not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit their use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepine use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic occurs within months and long term use may actually increase anxiety. Tolerance to anticonvulsants and muscle relaxant effects occurs within weeks. This worker's history of polypharmacy, toxic encephalopathy, and medication-interaction induced seizure-like activity, should be considered when prescribing benzodiazepines. Additionally, there was no frequency of administration included in the request. Therefore, this request for 1 prescription of Restoril 30 mg #30 with 2 refills is not medically necessary.

1 PRESCRIPTION OF ROXICODONE 30MG #250: 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): 74-95.

Decision rationale: The request for 1 prescription of Roxicodone 30 mg #250 is not medically necessary. California MTUS Guidelines attest that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review consists of documentation of pain relief, functional status, appropriate medication use, and side effects. For chronic back pain, opioids appear to be efficacious but limited for short term pain relief, and long term (greater than 16 weeks) efficacy is unclear, but also appears limited. This worker's history of polypharmacy, toxic encephalopathy, medication-interaction induced seizure-like activity and opioid dependence, should be considered when prescribing opioids. Additionally, there is no frequency of administration included with the request. Therefore, this request for 1 prescription of Roxicodone 30 mg #250 is not medically necessary.

