

Case Number:	CM14-0041121		
Date Assigned:	06/27/2014	Date of Injury:	08/28/1988
Decision Date:	09/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Rehabilitation, 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 injured worker is a 57-year-old female who reported an injury on 8/28/88. The mechanism of injury was not provided within the medical records. The clinical note dated 3/10/14 indicated diagnoses of lumbar degenerative disc disease, status post discectomy, laminectomy, and fusion, chronic cervicgia, chronic back pain, right lumbosacral radiculitis, pain related insomnia, relevant history of osteopenia, fibromyalgia, depression, and rheumatoid arthritis, and situational depression/anxiety. The injured worker reported a pain scale of 7-8/10 in intensity without her medication, and with the use of her medication, 4/10. The injured worker reported Xanax was necessary to help manage her pain related to anxiety and reported 40% reduction in her pain with the use of her current medication regimen. The injured worker reported Ambien was necessary to manage her pain related insomnia. Without her pain medication, she only averaged about 3 hours of sleep per night. With Ambien, the injured worker averaged 6 hours to 7 hours of sleep per night. On physical examination, the injured worker had some moderate to severe tenderness and spasm noted throughout the bilateral cervical paraspinal region, with tenderness noted throughout the cervical spine, with range of motion testing in the cervical spine deferred. On examination of the thoracic/lumbar spine, there was some slight tenderness to palpation throughout the thoracic spine, tenderness throughout the lumbar spine, and straight leg raise positive on the right. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco, Xanax, Ambien, and Duragesic patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: The Official Disability Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). The injured worker has been utilizing Xanax since at least 3/17/14. This exceeds the guidelines' recommendation of short term use. In addition, there was a lack of documentation on when the injured worker first started utilizing this medication. More over, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Ambien 5mg #25 with 1 refill: 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 (Chronic).

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

Decision rationale: The Official Disability Guidelines recommend zolpidem as a short acting non-benzodiazepine hypnotic, which is approved for the short term (usually 2 weeks to 6 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, 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. The injured worker has been prescribed Ambien since March 2014. This exceeds the guidelines' recommendation for short term use. In addition, there is a lack of documentation on when the injured worker first was prescribed this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Norco 5/325mg #120 with 1 refill: 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: The California MTUS Guidelines state that Norco (Hydrocodone/acetaminophen) is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize 4 domains that 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. There is a lack of significant evidence of an objective assessment of the injured worker's evaluation of risk for aberrant behaviors and side effects. Moreover, the request did not indicate a frequency. In addition, there was a lack of documentation on when the injured worker last had a urine drug screen. Therefore, the request for Norco is not medically necessary.