

Case Number:	CM14-0044182		
Date Assigned:	08/08/2014	Date of Injury:	04/18/2006
Decision Date:	10/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 4/18/06. A utilization review determination dated 3/18/14 recommends non-certification of OxyContin, Ambien, Xanax, Dilaudid, Norco, Flexeril, and Toradol. 2/28/14 medical report identifies upper and lower back pain well controlled with current medications. He has been able to perform activities of daily living well. He has been ambulating with a cane. He remains depressed. His current pain and discomfort is totally impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people. He has been having much difficulty sleeping due to the pain. He is not working at this time. On exam, there is limited ROM with trigger points and taut bands. He could not do deep knee bends or heel-toe gait. Dorsiflexion and plantar flexion in the right foot was 4/5. Sensation was decreased in the back of the right calf and lateral and back sides of the left calf. He was ambulating with the aid of a walker. Recommendations include OxyContin, Ambien, Xanax, Toradol tablets, Dilaudid, Norco, and cyclobenzaprine. Provider separately notes greater than 50% relief of pain with medications and ability to function significant improved with the ability to perform ADLs more than 50% of the time. There is no documented abuse, diversion, or hoarding of the medications or evidence of illicit drug use. UDS is said to be done on a periodic basis, but no dates or results of these tests are identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is conflicting information regarding pain relief and functional benefit from medication use. The provider notes that pain is well controlled with medications and the patient has been able to perform activities of daily living well. However, it was also noted that current pain and discomfort is totally impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people, he has been having much difficulty sleeping due to the pain, and he is not working. It was also noted that he has been ambulating with a cane, and later the provider notes that he was ambulating with the aid of a walker. The provider also notes that urine drug screens are done periodically, but the dates and results of these tests are not noted. Given the inconsistencies noted above, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.

Ambien CR 12.5mg #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), 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) Chronic Pain, Sleep Medication

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no indication of efficacy and it appears that Ambien is not being utilized only for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Xanax 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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... 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." Within the documentation available for review, there is no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.

Dilaudid 4mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Dilaudid, California Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is conflicting information regarding pain relief and functional benefit from medication use. The provider notes that pain is well controlled with medications and the patient has been able to perform activities of daily living well. However, it was also noted that current pain and discomfort is totally impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people, he has been having much difficulty sleeping due to the pain, and he is not working. It was also noted that he has been ambulating with a cane, and later the provider notes that he was ambulating with the aid of a walker. The provider also notes that urine drug screens are done periodically, but the dates and results of these tests are not noted. Given the inconsistencies noted above, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Dilaudid is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is conflicting information regarding pain relief and functional benefit from medication use. The provider notes that pain is well controlled with medications and the patient has been able to perform activities of daily living well. However, it was also noted that current pain and discomfort is totally impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people, he has been having much difficulty sleeping due to the pain, and he is not working. It was also noted that he has been ambulating with a cane, and later the provider notes that he was ambulating with the aid of a walker. The provider also notes that urine drug screens are done periodically, but the dates and results of these tests are not noted. Given the inconsistencies noted above, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Flexeril 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Toradol 10mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, specific drug list & adverse effects

Decision rationale: Regarding the request for Toradol, CA MTUS states that this medication is not indicated for minor or chronic painful conditions. ODG states that oral Toradol (ketorolac) is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. An oral formulation should not be given as an initial dose. Within the documentation available for review, there is no indication that it is being utilized for no more than 5 days for acute pain and following IV or IM dosing of the medication as recommended by the guidelines. In the absence of such documentation, the currently requested Toradol is not medically necessary.