

<b>Case Number:</b>	CM14-0052354		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/31/1969
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, and is licensed to practice in Texas and Ohio. 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 71-year-old male who reported an injury on 01/31/1969. The mechanism of injury was not provided within the review. The injured worker's diagnoses were noted to be low back pain; spondylosis with myelopathy in the thoracic region; preoperative examination, unspecified; accidental fall from bed; and myalgia/myositis. The injured worker's prior treatments were noted to be medications and a spinal cord stimulator. Pertinent diagnostics include an x-ray exam of the lower leg. Pertinent surgical history was noted to be a hip repair, a rib removal and patellectomy. The subjective complaints of the clinical evaluation dated 03/03/2014 include neck pain that radiates to the bilateral arms and the bilateral elbows. She described the pain as aching, dull, piercing, sharp, stabbing, deep and diffuse. The physical examination on 03/03/2014 indicated that the injured worker was overweight, awake and alert and happy/smiling with mild distress noted. There was tenderness noted in the thoracic spine with moderate pain during range of motion. The lumbar spine also noted tenderness with moderate pain with range of motion. The injured worker was noted to use medications of Valium, OxyContin, Norco, Kadian and Ambien. The treatment plan included medication management and a review of the most recent urine drug screen. The provider's rationale for the request was within the treatment plan of the clinical evaluation dated 03/03/2014. The Request for Authorization for Medical Treatment was provided and dated 03/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. The clinical documentation did not note a rationale for the use of Valium. In addition, the provider's request for a refill of a quantity of 120 Valium is in excess of the guideline recommendations for treatment use limited to 4 weeks. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Valium 10 mg (Quantity: 120.00) is not medically necessary.

**Oxycontin 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The clinical documentation submitted for review dated 03/03/2014 does not provide an adequate pain assessment. A pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for OxyContin 30 mg (Quantity: 90.00) is not medically necessary.

**Norco 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The clinical documentation submitted for review dated 03/03/2014 does not provide an adequate pain assessment. A pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Norco 10/325 mg (Quantity: 120.00) is not medically necessary.

**Kadian 60mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The clinical documentation submitted for review dated 03/03/2014 does not provide an adequate pain assessment. A pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Kadian 60 mg (Quantity: 120.00) is not medically necessary.

**Ambien CR 12.5mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86. Decision based on Non-MTUS Citation Official Disability guidelines.

**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 note that Ambien is a prescription, short-acting nonbenzodiazepine hypnotic, which is approved for the short-term treatment of insomnia. The guidelines indicate that short-term is usually 2 to 6 weeks. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefits. 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 become habit-forming, and they may impair function and memory more than opiate pain relievers. There is also concern that they may increase pain and depression over the long-term. The refill for Ambien, in addition to the provider's request for 180 Ambien tablets is excessive. According to the guidelines, Ambien therapy is approved for the short-term, usually 2 to 6 weeks. Therefore, this request is not medically necessary. In addition, the provider failed to indicate a dosage frequency. Therefore, the request for Ambien CR 12.5 mg (Quantity: 180.00) is not medically necessary.