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| Case Number: | CM14-0058608 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 10/20/1999 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 61-year-old male with a reported date of injury on 10/20/1999. The mechanism of injury was reportedly caused by repetitive use. The injured worker's diagnoses included lumbar sprain. Previous surgeries included lumbar spine surgery at L4-5. Lumbar spine range of motion revealed extension to 10 degrees, lateral flexion to 25 degrees and bilaterally and lateral rotation to 35 degrees bilaterally. The injured worker presented with positive left straight leg raise. The sensory examination was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The injured worker's medication regimen included Percocet, Celexa and Ambien. The therapies included a home exercise program, physical therapy and activity modification. The rationale for the Duragesic patches was not provided. The Percocet was ordered for breakthrough pain, Celexa for depression and Ambien for insomnia. The Request for Authorization for Duragesic patch 50 mg #15, Percocet 10/325 mg #90, Ambien 10.5 mg #20, urine tox (drug screen) and Celexa 20 mg #30 was submitted on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 50 mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78 & 93..

Decision rationale: The California MTUS Guidelines recommend ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In addition, the guidelines recommend Duragesic patches for the management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioid therapy. Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. The clinical information provided for review lacks of documentation related to the injured worker's functional deficits to include range of motion by using degrees and the utilization of VAS pain scale. There is lack of documentation to opioid therapy for which the injured worker has developed a tolerance. In addition, the clinical information provided for review lacks documentation of pain relief, functional status, appropriate medication use and side effects. Furthermore, the request as submitted is for Duragesic patch 50 mg, patches come in micrograms. Therefore, the request for Duragesic patch 50 mg #15 is non-certified.

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion by using degrees and the utilization of a VAS pain scale. In addition, the documentation does not provide for pain relief, functional status, appropriate medication use and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Percocet 10/325 mg #90 is not medically necessary.

Ambien 7.5 mg #20: 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 (updated 04/10/14) 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, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines indicate that zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment for 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. There is also concern that they may increase pain and depression over the long term. According to the SAMHSA, zolpidem is linked to a sharp increase in emergency department visits, so it should be used safely for only a short period of time. The clinical information provided for review does not indicate the length of time the injured worker has utilized Ambien. There is a lack of documentation related to the therapeutic and functional benefit in the continued use of Ambien. There is a lack of documentation related to insomnia and the use of a sleep journal. In addition, the request as submitted failed to provide frequency and directions for use. The continued use of Ambien exceeds the recommended guidelines. Therefore, the request for Ambien 7.5 mg #30 is not medically necessary.

Urine Tox (Drug) screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications Page(s): 124.

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

Decision rationale: The California MTUS Guidelines recommend the use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. There is a lack of documentation related to the injured worker's functional deficits to include range of motion by using degrees and the utilization of a VAS pain scale. There is lack of documentation related to the physician's concerns of abuse, addiction or poor pain control. The clinical information provided for review lacks documentation of misuse of medications (doctor shopping, uncontrolled drug escalation, or drug diversion). Therefore, the request for a urine toxicology (drug) screen is not medically necessary.

Celexa 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines selective serotonin reuptake inhibitors Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107..

Decision rationale: The California MTUS Guidelines do not recommend SSRI as the treatment for chronic pain, but SSRI may have a role in treating secondary depression. Selective serotonin reuptake inhibitors, class of antidepressants that inhibit serotonin reuptake without action or

noradrenaline are controversial based on controlled trials. The clinical information provided for review lacks documentation related to the injured worker's functional deficits. There is lack of documentation related to depression or psychiatric symptoms. There is lack of documentation with functional therapeutic benefit in the use of Celexa. In addition, the request as submitted failed to provide for a frequency and directions for use. Therefore, the request for Celexa 20 mg #30 is not medically necessary.