

Case Number:	CM14-0078266		
Date Assigned:	07/18/2014	Date of Injury:	10/19/2000
Decision Date:	08/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/28/2014

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 46-year-old male with a reported date of injury on 10/19/2000. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include shoulder joint pain, bursae and tendons disorder to the shoulder region, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, cervicgia, post laminectomy syndrome to the cervical region, and brachial neuritis or radiculitis. His previous treatments were noted to include medications, surgery, and physical therapy. The progress note dated 04/23/2014 revealed the injured worker complained of chronic, severe neck pain related to his history of cervical disc disease and internal derangement of the left shoulder. The injured worker reported severe neck pain and extreme difficulty swallowing, as well as gastrointestinal pain. The injured worker reported his pain without medication was 10/10 and with medications 7/10. The injured worker reported the medications prescribed were keeping him functional, allowing for increased mobility and tolerance of activities of daily living and home exercise. No side effects were associated with the medications. His current medication regimen included OxyContin 40mg XR 12 hour tablets up to 7 a day as needed for pain, Restoril 30mg 2 at bedtime for insomnia, Norco 10/325mg 1 three times a day as needed for pain, Trazodone 100mg 1 at bedtime as needed for insomnia, and Quazepam 15mg 1 at bedtime as needed for sleep. The physical examination revealed deep tendon reflexes in the upper extremities were decreased but equal. The physical examination of the cervical spine revealed tenderness to palpation in the paraspinal musculature. The range of motion was noted to be diminished to the cervical spine. The thoracic examination revealed tenderness to palpation to the paraspinal. The physical examination of the lumbosacral spine revealed positive straight leg raise bilaterally and spasming to the bilateral cervical musculature and strength in the upper and lower extremities was normal. There was no evidence for sensory loss and the deep tendon

reflexes in the upper extremities were decreased but equal. The provider reported 04/21/2014 the injured worker's urine drug testing and CURES reports were appropriate. The Request for Authorization form dated 05/01/2014 was for Norco 10/325mg 1 three times a day as needed for pain #45, Restoril 30mg 2 at bedtime as needed for insomnia, Quazepam 15mg 1 at bedtime as needed for sleep, OxyContin 40mg up to 7 a day as needed for pain, Trazodone 100mg 1 at bedtime as needed for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

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

Decision rationale: The injured worker has been utilizing this medication since 03/2014. The California 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 range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The guidelines recommend benzodiazepines for a limit of 4 weeks and the injured worker has been on them for at least 8. The injured worker is on 2 other medications for insomnia and the provider indicated the Restoril gave him 2 to 3 hours of uninterrupted sleep per night. Additionally, the request failed to provide the frequency at which this medication will be utilized. Therefore, the request is not medically necessary.

Oxycontin 40mg #105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Opioid MED calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for

ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker reported the average pain without medications was rated 10/10 and with medications 7/10. The injured worker reported the medications were keeping him functional, allowing for increased mobility, and tolerance of activities of daily living, and home exercises. There were no side effects associated with these medications. The most recent urine drug screen, performed 04/2014, was consistent with therapy as indicated by the provider. The prescribed dosage of Oxycodone 40mg/7 a day exceed guideline recommendations of 100 morphine equivalent doses. The oxycodone regimen is 420 MEDs which exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Trazodone HCl 100mg #15 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and Stress, Trazodone (Desyrel).

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. The Official Disability Guidelines recommend Trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms, such as depression, or anxiety. The guidelines state there is limited evidence to support its use for insomnia but may be an option for patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapy should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear cut evidence to recommend Trazodone first line to treat primary insomnia. There is a lack of documentation regarding the efficacy of this medication and the injured worker is utilizing 2 other medications for insomnia. The injured worker also has not been diagnosed with depression. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Norco 10/325mg #45 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, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker reported the average pain without medications was rated 10/10 and with medications 7/10. The injured worker reported the medications were keeping him functional, allowing for increased mobility, and tolerance of activities of daily living, and home exercises. There were no side effects associated with these medications. The most recent urine drug screen, performed 04/2014, was consistent with therapy as indicated by the provider. The current Oxycodone and Norco regimen is 450 MEDs which exceeds guideline recommendations of 100 MED. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Restoril 30mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

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

Decision rationale: The injured worker has been utilizing this medication since 03/2014. The California 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 range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The guidelines recommend benzodiazepines for a limit of 4 weeks and the injured worker has been on them for at least 8. The injured worker is on 2 other medications for insomnia and the provider indicated the Restoril gave him 2 to 3 hours of uninterrupted sleep per night. Additionally, the request failed to provide the frequency at which this medication will be utilized. Therefore, the request is not medically necessary.