

Case Number:	CM14-0078561		
Date Assigned:	07/21/2014	Date of Injury:	01/12/2009
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
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, has a subspecialty in Pain Medicine 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 55-year-old female who reported an injury on 01/12/2009 when a giant curtain fell down and she was injured. Diagnoses were reflex sympathetic dystrophy of left upper extremity, left shoulder pain, and neck pain. Past treatments have been several epidural steroid injections, psychotherapy, many acupuncture sessions, cortisone injections to the neck, physical therapy, multiple trigger point injections, functional restoration program, subacromial bursal injection to the left shoulder, and H-Wave unit. Diagnostics were MRI of the cervical spine. The MRI of the cervical spine on 11/02/2012 revealed left sided broad based bulging disc at the C5-6 and disc degeneration at C5-6 and C6-7. The injured worker had a physical examination on 04/30/2014 where it was revealed she was crying and tearful. She stated she had increased numbness and tingling to the right wrist and hand. She was told she had carpal tunnel syndrome. Pain was stated to be an 8/10, coming down to a 6/10 on the current medication regimen. Objective findings were range of motion of left shoulder was about 110 degrees. Strength was 5/5. There was mild decrease in grip strength. Sensation was intact. Range of motion of the cervical spine was limited with some mild tenderness at end range. Medications were Duragesic patch 25 mcg every 3 days, Norco 10/325 mg 2 to 3 a day for breakthrough pain, Cymbalta 60 mg 1 twice a day, Neurontin 300 mg 1 three times a day, Colace 100 mg 3 times a day, Ambien 5 mg at bedtime as need, Flexeril 10 mg 2 to 3 a day as needed. The injured worker had a random urine drug screen at the physical examination which revealed negative for Norco and negative for Fentanyl. It was stated that was the third aberrant drug screen in 4 months. The provider stated he was going to stop the injured worker's Norco and Fentanyl. She was dispensed Neurontin 800 mg 90, Ambien 5 mg quantity 30. The provider confronted the injured worker regarding the negative urine drug screen, and she showed him her chest, and there

was a patch on it. He stated that he did not know if she put the patch on there after the drug screen test or before. The rationale and the Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Duragesic patch 25mcg/hr. Dispensed 4/30/14 Quantity 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, When to Discontinue Page(s): 78-80.

Decision rationale: The California Medical Treatment Utilization Schedule states: For the ongoing management of opioids, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be documented. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The medical guidelines have set forth 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 potential 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 documentation of the clinical use of these controlled drugs. Immediate discontinuation has been suggested for evidence of illegal activity including diversion, prescription forgery, or stealing, the patient is involved in a motor vehicle accident and/or arrests related to opioids, illicit drugs and/or alcohol, intentional suicide attempt, aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30 day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. No measurable gains for taking this medication were reported. There were no improvements in activities of daily living reported. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

RETRO Norco 10/325mg Quantity 90 Dispensed 4/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, When to Discontinue Page(s): 78-80.

Decision rationale: The California Medical Treatment Utilization Schedule states: For the ongoing management of opioids, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be documented. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The medical guidelines have set forth 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 potential 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 behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Immediate discontinuation has been suggested for evidence of illegal activity including diversion, prescription forgery, or stealing, the patient is involved in a motor vehicle accident and/or arrests related to opioids, illicit drugs and/or alcohol, intentional suicide attempt, aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30 day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. No measurable gains for taking this medication were reported. There were no improvements in activities of daily living reported. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Ambien (Zolpidem) 5mg Quantity 30, Dispensed 4/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Drug Formulary.

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.

Decision rationale: The Official Disability Guidelines states zolpidem is a short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 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 antianxiety 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 an opioid pain reliever. There is also concern that they may increase pain and depression over the long term. Due to the possible drug

dependency and that the request does not indicate the frequency for the medication, the request is not medically necessary.