

Case Number:	CM14-0079668		
Date Assigned:	07/18/2014	Date of Injury:	09/01/2007
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 52-year-old male who reported an injury on 09/01/2007. He reportedly had a significant slip where he tripped over an engine block sustaining injuries to his elbow, neck, and knee. The injured worker's treatment history included surgery, medications, MRI, psychiatric examination, psychological therapy sessions, and physical therapy sessions. The patient was evaluated on 03/24/2014, and it was documented that the injured worker was still working on decreasing his Percocet and was taking about 1 per day, but going down to 0.5 per day. The provider noted the injured worker's mood has been good and overall doing well. Physical examination revealed cervical range of motion with forward flexion was 40 degrees, extension was 25 degrees, and rotation bilaterally was 45 degrees at the shoulder. Range of motion appeared bilaterally with negative drop on left and well-healed arthroscopic portals. Physical examination of the left elbow revealed 15 degrees gunstock deformity, but normal function. There was diffuse tenderness in the proximal radius area. There was a large scar in the lateral epicondylar region. Supination was restricted to 10 degrees pronation; appeared to be relatively normal. There was moderate crepitus in the right knee. Range of motion was well preserved; minimal joint line tenderness. Medications included Ambien 10 mg, Amitriptyline 10 mg, Aspirin 81 mg, Bupropion 150 mg, Clonazepam 0.5 mg, Cymbalta 60 mg, Fenofibric acid 135 mg, Irbesartan 300 mg, Januvia 100 mg, Kadian 30 mg, Metformin 1000 mg, Prilosec 40 mg, Percocet 10/325 mg, Simvastatin 20 mg, and Trilipix 135 mg. Diagnoses included fracture of the head of radius closed, cervicalgia, derangement of anterior horn of the medial meniscus, and chronic pain syndrome. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 for anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The request for Klonopin 0.5 for anxiety is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does 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. Their 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 documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency, quantity and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for Klonopin 0.5 for anxiety is not medically necessary.

Ambien 10mg for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: The request for Ambien 10 mg for insomnia is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six 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 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. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency, quantity or duration for the medication for

the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such, the request is not medically necessary.

Lamictal 100mg for mood: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-17.

Decision rationale: The requested Lamictal 100 mg for mood is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state Lamictal is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of antiepileptic drugs (AEDs) has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. There was no indication the injured worker had neuropathic pain due to nerve damage. In addition, the provider failed to indicate outcome measurements of injured worker prescribed medications. The request lacked frequency, duration and quantity. Therefore, the request for Lamictal 100 mg for mood is not medically necessary.