

Case Number:	CM14-0088919		
Date Assigned:	07/23/2014	Date of Injury:	03/01/2006
Decision Date:	10/01/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 Texas. 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:

Medical records reflect the claimant is a 54 year old female who sustained a work injury on 3-1-06. The claimant is currently treated for the diagnosis of anxiety, depression, psychological factors associated with disease, RSD of the upper extremity and insomnia. Office visit on 4-17-14 noted the claimant had chronic pain complaints to the right upper extremity and shoulder to the hand. Her sleep continues to be severe affected and she takes two Ambien at night to sleep. She continues to use medications Percocet 10/325 mg x 8 a day and is stable. She has difficulty with her household chores. Her medications were filled. A physical exam was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioidis Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains 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 potentially aberrant (or non-adherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any or any documentation that this medication improves psychosocial functioning or that the claimant is being monitored as required. Therefore, the medical necessity of this request is not established.

Ativan 1mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - benzodiazepines

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is an absence in documentation noting extenuating circumstances to support the ongoing use of this medication beyond current treatment guidelines recommendations. Therefore, the medical necessity of this request is not established.

Zofran 4mg #120 with 3 refills.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine.

Decision rationale: The US National Library of Medicine reflects that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. There is an absence in documentation noting secondary GI effects due to the use of medications or that the claimant has any of the conditions for which this medication is recommended. Therefore, the medical necessity of this request is not established.

Ambien 30mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

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

Decision rationale: The ODG reflects that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The long term use of this medication is not indicated. Additionally, there is an absence in documentation reflecting this claimant's sleep pattern, discussion of alternative first line of treatment. Therefore, the medical necessity of this request is not established.

Zanaflex 4mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - muscle relaxants

Decision rationale: The Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established.