

Case Number:	CM14-0195613		
Date Assigned:	12/03/2014	Date of Injury:	12/16/1994
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine, 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:

This is a 64-year-old female with a 12/16/94 date of injury. The injury occurred when her right knee simply buckled and she fell down directly onto a cement pad, injuring her right knee. According to a handwritten and largely illegible progress note dated 7/29/14, the patient stated that her medications were not giving her adequate pain relief. Her pain level with medications was a 5/10, and without medications was a 6/10. She still had a lot of back pain, rated as a 6.5/10. She complained of side effects of constipation and itching. Objective findings: decreased range of motion of right knee. Diagnostic impression: status post right total knee arthroplasty, chronic pain syndrome, lumbar sciatica. Treatment to date: medication management, activity modification, physical therapy, ESI, hyaluronic acid injections. A UR decision dated 11/12/14 denied the requests for Butrans, Ambien CR, Lyrica 150mg and Lyrica 100mg, Xanax, Zoloft, and Talwin NX. Regarding Butrans, there is no documentation of objective functional improvement or efficacy with prior use of this medication. Regarding Ambien CR, there is no thorough documentation regarding sleep issues that would support use of a hypnotic. Furthermore, the sleep history including hours of sleep, sleep hygiene, nocturnal awakenings, and daytime sleepiness is not provided. Regarding Lyrica, there is no documentation of objective functional improvement with prior use. Regarding Xanax, it is not stated in the previous reports whether this medication is prescribed for pain or psych deficits. Furthermore, it is not clear whether the claimant has been seen by a psychiatrist, considering that a psychological evaluation was not delineated. Regarding Zoloft, there is no documentation of objective functional improvement with prior use. Regarding Talwin NX, this medication is an "N" drug on the ODG formulary. There is no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a "Y" drug on the ODG formulary. Furthermore, there is no documentation of side effects from opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg QTY 4 DOS: 10/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine Other Medical Treatment Guideline or Medical Evidence: FDA (Butrans)

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. However, in the reports provided for review, there is no documentation of significant pain relief or functional improvement with the use of Buprenorphine. In fact, it is noted that the patient stated that her medications were not giving her adequate pain relief. In addition, there is no documentation that the patient has had a trial and failed a first-line opioid medication. There is no rationale provided as to why this patient requires Butrans as an around-the-clock opioid analgesic instead of another medication. Therefore, the request for Butrans 20mcg QTY 4 DOS: 10/27/14 was not medically necessary.

Ambien CR 12.5mg QTY 30 DOS: 10/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 10/02/14

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 - Ambien; Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, according to the medical records submitted for review, this patient has been taking Ambien since at least 3/7/14, if not earlier. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien CR 12.5mg QTY 30 DOS: 10/27/14 was not medically necessary.

Lyrica 150mg QTY 30 DOS: 10/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, in the present case, there is no documentation that this patient has a neuropathic component to her pain. In addition, there is no documentation of functional improvement from medication use. In fact, it is noted that the patient stated that her medications were not giving her adequate pain relief. Therefore, the request for Lyrica 150mg QTY 30 DOS: 10/27/14 was not medically necessary.

Xanax 0.1mg QTY 30 DOS: 10/27/14: 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 rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, according to the medical records provided for review, this patient has been taking Xanax since at least 3/7/14, if not earlier. Guidelines do not support the long-term use of benzodiazepines. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, the request for Xanax 0.1mg QTY 30 DOS: 10/27/14 was not medically necessary.

Lyrica 100mg QTY 30 DOS: 10/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, in the present case, there is no documentation that

this patient has a neuropathic component to her pain. In addition, there is no documentation of functional improvement from medication use. In fact, it is noted that the patient stated that her medications were not giving her adequate pain relief. Therefore, the request for Lyrica 100mg QTY 30 DOS: 10/27/14 was not medically necessary.

Zoloft 100mg QTY 30 DOS: 10/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - SSRIs

Decision rationale: CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. ODG states that Zoloft is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, in the present case, there is no documentation that this patient has depression, PTSD, or another psychological condition. A specific rationale as to why Zoloft has been prescribed for this patient was not provided. Therefore, the request for Zoloft 100mg QTY 30 DOS: 10/27/14 was not medically necessary.

Talwin Nx QTY 60 DOS: 10/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 10/02/14

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 - Talwin

Decision rationale: CA MTUS does not address this issue. According to ODG, Talwin/Talwin NX is not recommended. There is no evidence that supports the addition of pentazocine (Talwin) to decrease side effects from opioids, and mixed agonists-antagonists, including butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin), have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. However, in the present case, there is no documentation that this patient cannot tolerate a first-line opioid medication that is supported by guidelines. A specific rationale as to why this patient requires Talwin NX despite lack of guideline support was not provided. In addition, there is no documentation of functional

improvement as a result of medication use. Therefore, the request for Talwin Nx QTY 60 DOS: 10/27/14 was not medically necessary.