

Case Number:	CM14-0196272		
Date Assigned:	12/04/2014	Date of Injury:	09/16/2011
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 Colorado. 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 worker is a 48 year old female who developed right hip pain in 2011 after lifting and dragging a 50 pound bag. The worker's current complaints include constant low back pain of 6/10 intensity, right hip pain of 8/10 intensity, and right lower extremity radicular pain associated with numbness and tingling. Diagnoses included lumbar strain and right hip labral tear, s/p surgery May 6, 2013. The worker had mild improvement from three months of physical therapy, anti-inflammatories, rest, activity modifications, and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) updated 10/06/2014

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: http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019908s0271b1.pdf

Decision rationale: There are no MTUS medical necessity criteria for the use of Ambien (Zolpidem). The FDA lists that Ambien is indicated for the short-term treatment of insomnia

characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. The FDA does not list depression or pain as an indication for the use of Ambien. In this case, there is no diagnosis or documentation of insomnia and therefore, the request for Ambien is not medically necessary or appropriate.

Oxycodone 20mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) updated 10/06/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75, 77, 78, 81, 82, 83.

Decision rationale: According to the MTUS Oxycodone, a short acting opioid, may be indicated for back and neuropathic pain disorders (i.e. post-herpetic neuralgia and painful diabetic neuropathy). The MTUS provides that long-term, observational studies have found that treatment with opioids tend to provide improvement in function and minimal risk of addiction, but many of these studies include a high dropout rate. The MTUS also provides that there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. For back pain, the MTUS provides that opioids appear to be efficacious for short-term pain relief, and that long term efficacy is unclear (>16 weeks) and limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. According to the MTUS, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. The available records do not document an improvement in either pain or function attributable specifically to the use of Oxycodone. Therefore, the request for Oxycodone is not recommended as medically necessary or appropriate.

Xanax 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) updated 10/06/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/018276s0451bl.pdf

Decision rationale: The FDA lists that XANAX Tablets (alprazolam) are indicated for the management of anxiety disorder and panic disorder. Certain adverse clinical events, some life-threatening, are a direct consequence of physical dependence to XANAX. These include a spectrum of withdrawal symptoms; the most important is seizure. Even after relatively short-term use at the doses recommended for the treatment of transient anxiety and anxiety disorder

(ie, 0.75 to 4.0 mg per day), there is some risk of dependence. The risk of dependence and its severity appear to be greater in patients treated with doses greater than 4 mg/day and for long periods (more than 12 weeks). Withdrawal reactions may occur when dosage reduction occurs for any reason. This includes purposeful tapering, but also inadvertent reduction of dose (eg, the patient forgets, the patient is admitted to a hospital). Therefore, the dosage of XANAX should be reduced or discontinued gradually. Panic disorder has been associated with primary and secondary major depressive disorders and increased reports of suicide among untreated patients. According to the MTUS 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. 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. This case, there is no diagnosis or documentation of anxiety disorder or panic disorder. The available documentation suggests that tolerance may be developing (i.e. increased dose request). Therefore, the request for Xanax is not medically necessary or appropriate.