

Case Number:	CM14-0199099		
Date Assigned:	12/09/2014	Date of Injury:	01/01/2006
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 45-year-old woman who sustained a work-related injury on January 1, 2006. Subsequently, she developed chronic neck pain. According to the progress report dated November 20, 2013, the patient complained of neck pain, with stiffness; bilateral shoulder pain, with left worse than right; bilateral wrist pain, with tingling and numbness of both hands; and mid to low back pain that comes and goes. The patient rated her level of pain as 6-7/10. Objective findings include: extension was 25 degrees; rotation was 60 degrees on the right and 50 degrees on the left. Lateral bending was 25 degrees on the right and 20 degrees on the left. The patient was diagnosed with left wrist dorsal ganglion; musculoligamentous sprain of the cervical spine with disc, bulges C5-6, C6-7, and C4-5; tendinitis left shoulder, with possible rotator cuff tear; De Quervain's tendinitis of the left wrist; overuse syndrome, upper extremity; and left wrist carpal tunnel syndrome. The provider requested authorization for Zolpidem ER, Tylenol #4, Ativan, Temazepam, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem CR 12.5mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists), (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)

Decision rationale: Zolpidem is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Per guidelines, Zolpidem could be used as an option to treat insomnia; however, it should not be used for a long-term without periodic evaluation of its need. There is no recent documentation that the patient is suffering from insomnia. Therefore, the request is not medically necessary.

Tylenol #4 #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Tylenol#4 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post-operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction and functional improvement with previous use of Tylenol with Codeine. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the request is not medically necessary.

Ativan 0.5mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no documentation of rationale and efficacy of previous use of Ativan. Therefore the request is not medically necessary.

Temazepam 30mg #30 with 2 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. There is no clear documentation that the drug will be used for less than 4 weeks. Therefore, the request is not medically necessary.

Soma 350mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for more than 3 weeks without clear evidence of spasm or exacerbation of neck pain. There is no justification for prolonged use of Soma. The request for Soma is not medically necessary.