MAXIMUS Federal Services

Case Number:	CM14-0205906		
Date Assigned:	12/17/2014	Date of Injury:	05/15/1998
Decision Date:	02/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male with an injury date of 05/15/98. Progress notes provided, the most recent dated 10/20/14, are handwritten and largely illegible, subjective complaints are entirely illegible. According to 07/15/14 operative report, patient is status post transforaminal block of cervical spinal nerve 8, producing a 50 percent reduction in pain. Physical examination 10/20/14 describes a swollen and blue right hand, no other physical findings are described. The patient's current medications are not specified. Patient is currently on modified work duties. Diagnostic imaging was not included with the reports provided. Diagnosis 10/20/14- Complex regional pain syndrome- Plexopathy (brachial)The utilization review determination being challenged is dated 11/14/14.Treatment reports were provided from 06/02/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone compounded 5mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: The patient presents with unspecified subjective complaints. Progress notes provided, the most recent dated 10/20/14, are handwritten and largely illegible, subjective complaints are entirely illegible. According to 07/15/14 operative report, patient is status post transforaminal block of cervical spinal nerve 8, producing a 50 percent reduction in pain. The request is for HYDROCODONE COMPOUNDED 5MG #20. Physical examination 10/20/14 describes a swollen and blue right hand, no other physical findings are described. The patient's current medications are not specified. Patient is currently on modified work duties. Diagnostic imaging was not included with the reports provided. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, the treater is requesting compounded Hydrocodone for the management of this patient's intractable chronic pain stemming from his brachial plexopathy. While the physical findings and surgical history directed at this chief complaint point to significant pathology, the treater has not provided any assessment of this patient's pain or functional improvement owing to this medication. The toxicology report provided dated 07/29/14 shows that the patient is consistent with prescribed medications, but this alone does not satisfy MTUS requirements for continued use. Therefore, this request IS NOT medically necessary.

Xanax 0.5mg #60 with 2 refills: 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: The patient presents with unspecified subjective complaints. Progress notes provided, the most recent dated 10/20/14, are handwritten and largely illegible, subjective complaints are entirely illegible. According to 07/15/14 operative report, patient is status post transforaminal block of cervical spinal nerve 8, producing a 50 percent reduction in pain. The request is for XANAX 0.5MG #50 WITH 2 REFILLS. Physical examination 10/20/14 describes a swollen and blue right hand, no other physical findings are described. The patient's current medications are not specified. Patient is currently on modified work duties. Diagnostic imaging was not included with the reports provided. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."The treater is requesting Xanax for this patient's anxiety stemming from significant intractable chronic pain which is minimally responsive to other therapies. While Xanax may well assist in reducing this patient's anxiety, it is not recommended as long-term treatment by MTUS guidelines owing to loss of efficacy and

dependence risk. The specified amount, 60 tablets with two refills does not imply short-duration therapy. Therefore, this request IS NOT medically necessary.

Ambien 12.5mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien).

Decision rationale: The patient presents with unspecified subjective complaints. Progress notes provided, the most recent dated 10/20/14, are handwritten and largely illegible, subjective complaints are entirely illegible. According to 07/15/14 operative report, patient is status post transforaminal block of cervical spinal nerve 8, producing a 50 percent reduction in pain. The request is for AMBIEN 12.5MG #30. Physical examination 10/20/14 describes a swollen and blue right hand, no other physical findings are described. The patient's current medications are not specified. Patient is currently on modified work duties. Diagnostic imaging was not included with the reports provided. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. (Feinberg, 2008)"In regards to the request for Ambien, which the treater is requesting as an adjunct to other medications to promote sleep, the treater has not specified a course of therapy consistent with ODG guidelines. These specify a course of therapy no longer than 10 days, owing to their impairment of memory function and increased depression risk. The request is for 30 tablets, implying a treatment duration longer than called for by guidelines. Therefore, this request IS NOT medically necessary.