

Case Number:	CM15-0101041		
Date Assigned:	06/03/2015	Date of Injury:	02/08/1992
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 injured worker is a 54 year old male, who sustained an industrial injury on 2/8/1992. He reported a severe head injury and concussion from being struck in the head repeatedly by a combative suspect. The injured worker was diagnosed as having cervical disc degeneration, concussion, traumatic brain injury, post-traumatic epilepsy, depressive disorder, cervicgia, lumbar degenerative disc disease and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 4/29/2015, the injured worker complains of neck pain and headaches. Physical examination showed cervical and lumbar spine tenderness. The treating physician is requesting Butrans 20 mcg patch #4 with 3 refills, Clonazepam 1mg #60 and Ambien 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg patch #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 26-27, 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Butrans, Chronic Pain Medical Treatment Guidelines state that buprenorphine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, here is no indication that the avinza or oxycodone is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. It is unclear if the physician has not been doing this for the patient's current opioids that the physician would start to do this for the Butrans. Also, the last reviewer authorized the Butrans with 2 refills. It is unclear why the physician believes the patient should have 3 refills as opposed to the currently authorized 2 refills. As such, we currently requested Butrans is not medically necessary.

Clonazepam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines, Head, Anticonvulsants and Other Medical Treatment Guidelines
<http://www.guideline.gov/content.aspx?id=36082&search=clonazepam>.

Decision rationale: Regarding the request for clonazepam, Chronic Pain Medical Treatment Guidelines state the 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." 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. Official Disability Guidelines state anticonvulsants are recommended for patient with severe traumatic brain injury. Other Guidelines state "If adjunctive treatment (see the preceding recommendation) is ineffective or not tolerated, discuss with, or refer to, a tertiary epilepsy specialist and consider clobazam*, clonazepam or zonisamide*". Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and but there is rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. However, the physician has failed to document failure to the currently prescribed antiepileptic drug or failure of other adjunctive treatments prior to the use of clonazepam for the treatment of the patient's seizure disorder. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to

modify the current request to allow tapering. In the absence of such documentation, the currently requested clonazepam is not medically necessary.

Ambien 10mg #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 (ODG), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.