MAXIMUS Federal Services

Case Number:	CM15-0102537		
Date Assigned:	06/04/2015	Date of Injury:	03/21/1987
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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
Certification(s)/Specialty: Emergency 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 63 year old female, who sustained an industrial injury on March 21, 1987. The injured worker claims vaccine related polyneuropathy. The injured worker was diagnosed as having fibromyalgia, chronic fatigue syndrome, chronic pain syndrome and chronic polyarthopathy. Treatment to date has included functional restoration and medication. A progress note dated May 1, 2015 provides the injured worker complains of numerous areas of chronic pain and chronic fatigue. She reports increased stress and sleep disturbance. She has numbness and tingling in the right upper extremity and tripping with her right leg. She expresses interest in functional restoration. Physical exam notes an anxious affect. She ambulates with a very slow but non antalgic gait. The plan includes Oxycodone, Zolpidem and Valium. It also includes a multidisciplinary team functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg 1-2 PO BID #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet the appropriate documentation of criteria. There is no pain assessment documented by provider. There is no documentation of any objective improvement in pain or functional status. There is no documentation of screening for side effects or abuse. There is no submitted urine drug screen. There is no documentation of long-term plan for pain control. Documentation fails to support continued opioid therapy. Oxycodone is not medically necessary.

Zolpidem 10mg 1 po qhs #30: Upheld

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

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien/Zolpidem is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long-term use may lead to dependency. There is no documentation of "sleep disturbance" that is reported in progress note. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. Combining with Zolpidem and Valium can lead to significant sedation. Zolpidem is not medically necessary.

Valium 5mg 1 po qd #30: 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: Valium or diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. It is unclear if patient is on this for chronic pain or anxiety. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. Benzodiazepines for chronic use for chronic pain due to rapid tolerance and dependence. Valium is not medically necessary.