

Case Number:	CM15-0019442		
Date Assigned:	02/09/2015	Date of Injury:	04/03/1997
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 47 year old female, who sustained an industrial injury on 04/03/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chronic low back, chronic neck pain, and cervicogenic headaches. Treatment to date has included laboratory studies, use of a transcutaneous electrical nerve stimulation unit, lumbar traction, hydrotherapy tubs, and medication regimen. In a progress note dated 01/06/2015 the treating provider reports increased neck and upper back pain, low back pain, left knee pain, continued, constant left shoulder pain, and headaches. On 01/20/2015 Utilization Review non-certified the requested treatments of Ambien 10mg with a quantity of 120 (2 month supply) for sleep restoration, Valium 10mg three times a day as needed with a quantity of 180 (2 month supply) for muscle spasm, Dilaudid 2mg once a day with a quantity of 30 as needed for severe pain episode, and Nortriptyline 10mg at bedtime with a quantity of 60 (2 month supply) for headaches, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: page 24, pages 80 to 82, pages 76 to 80, and pages 13 to 16 and Official Disability Guidelines Treatment In Workers' Compensation, Pain Procedure Summary last updated 12/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #120 (2-month supply) for sleep restoration: 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) ODG-TWC, Pain Procedure Summary, 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) Ambien, Insomnia Treatment.

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the patient has chronic neck and upper back pain, left shoulder pain, low back pain, left knee pain, and headaches. There is documentation indicating that Ambien helps with the patient's sleep. However, there is lack of documentation supporting objective functional improvement (improved Epworth sleep scale) to support the patient's subjective benefit. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Valium 10mg three (3) times a day as needed #180 (2-month supply) for muscle spasm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. In addition, there are no guideline criteria that support the long-term use of benzodiazepines. In this case, the patient has complaints of neck and left shoulder pain, and upper and low back pain. There is documentation of tightness and tenderness to palpation of bilateral trapezius muscles and the lumbar paraspinal muscles. There is no documentation indicating objective functional gain to support the patient's subjective benefit.

from taking Valium. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Dilaudid 2mg once a day #30 as needed for severe pain episodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioid analgesics for moderate to severe pain, such as Dilaudid, may be added. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the patient reports increased neck and upper back pain, low back pain, and left knee pain with cold weather. In addition, the patient has continued left shoulder pain and headaches. There is documentation of prior use of Dilaudid. However, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, the occasional use of Dilaudid has not helped to control severe pain episodes. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The certification of the requested medication is not medically necessary.

Nortryptiline 10mg at bedtime #60 (2-month supply) for headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Antidepressants Page(s): 24, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain, Tricyclic Antidepressants.

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortryptiline, are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-

mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case, the patient has chronic upper and low back pain, left shoulder and left knee pain, chronic neck pain and cervicogenic headaches. Nortryptiline is being requested at bedtime for headache pain. She has had prior use of Nortryptiline, however, there is no documentation of objective functional improvement as a result of this medication. There is no documentation of medical need to continue the Nortryptiline. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.