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| Case Number: | CM15-0136004 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 08/20/1987 |
| Decision Date: | 09/18/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: Preventive Medicine, Occupational 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 74-year-old male who sustained an industrial injury on 08/20/87. Initial complaints and diagnoses are not available. Treatments to date include multiple lumbar surgeries, medication, and a right sacroiliac injection. Diagnostic studies are not addressed. Current complaints include mid back and bilateral buttock burning. Current diagnoses include pseudo arthritis, status post multiple lumbar surgeries, status post extensive reconstruction surgery L2-S1, and nonindustrial right hip osteoarthritis. In a progress note dated 06/03/15 the treating provider reports the plan of care as Lyric and continued pain medications. The requested treatments include Lyrica, Norco, Valium, and Doxepin. The current medications on the date of service were documented as Valium, Prilosec, Tagamet, Norco, Lyrica, Celebrex, Vitamins, Norco, and Lidocaine Jelly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin (silenor) 6mg #30 dispensed 5/5/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines do not address the use of Doxepin for insomnia. Per the ODG, sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Negative next-day effects such as ease of awakening may offset improvements in sleep onset. Tolerance may develop and rebound insomnia has been found after discontinuation. In this case, the medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Doxepin (silenor) 6mg #30 dispensed 5/5/15 is determined to not be medically necessary.

Valium 5mg 1 tablet 3 times daily for 30 days, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section and Weaning of Medications Section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for an extended period without evidence of functional improvement and he remains permanently disabled. In a progress report from March 2015 the injured worker was noted to be "over-medicated". Tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Valium 5mg 1 tablet 3 times daily for 30 days, #90 is determined to not be medically necessary.

Norco 5/325mg 1 tablet 4 times daily as needed for 30 days #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the

absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for at least 6 months without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg 1 tablet 4 times daily as needed for 30 days #120 is determined to not be medically necessary.

Lyrica 50mg 1 capsule twice daily #100, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and post herpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Anti-epilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. In a progress note from June, 2015, the injured worker stated that the Lyrica he was taking was not working. Lyrica should not be discontinued abruptly, and weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 50mg 1 capsule twice daily #100, 3 refills is determined to not be medically necessary.