

Case Number:	CM15-0167459		
Date Assigned:	09/08/2015	Date of Injury:	10/11/2007
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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 59 year old male, who sustained an industrial injury on October 11, 2007. The injured worker was diagnosed as having knee osteoarthritis, medial meniscus tear of the knee, insomnia, neck pain, migraine headache and failed cervical fusion. Currently, the injured worker complains of headache, neck pain and bilateral knee pain. He rates his pain a 6-8 on a 10-point scale with no improvement in pain rating since his previous evaluation. He reports using up to six Percocet per day and the documentation reveals the injured worker has used Percocet since at least October 12, 2009. His use of Valium has been since at least June 17, 2014 and he reports that it did not help him reduce his pain. He uses Ambien for sleep and notes that he has difficulty falling back to sleep. His use of Ambien has been since at least November 15, 2012. Treatment to date has included left shoulder rotator cuff repair, cervical fusion, facet joint injections, pain medications, NSAIDS, occupational therapy, and pain management consultation. A request was received on August 14, 2015 for Percocet #180, Embeda #60, Valium #45 and Ambien #20. The Utilization Review physician determined on August 17, 2015 that the request for Percocet #180 be modified to Percocet 135, that the request for Valium #45 be modified for Valium #33 and that Embeda and Ambien were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. 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. According to the records, this patient has been prescribed this Percocet for an undetermined length of time. The pain levels are documented 7-8/10, with a decrease to 3-4/10 with medications. There is no documentation of the onset of analgesia or duration of pain relief. In addition, there is no documentation of change in his functional capabilities from visit to visit. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.

Embeda 50-2 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Embeda (Morphine /Naltrexone) is recommended as an option for patients who are at risk for abuse of opioids by altering recommended oral use. This medication is designed to alter oral use and thus prevent patients from abusing opioids. As it is resistant to being crushed or dissolved, Embeda does not allow for nasal use, chewing and/or intravenous use. The FDA has approved morphine sulfate and naltrexone hydrochloride extended-release capsules (Embeda) for once- or twice-daily use in the management of moderate to severe pain when continuous, around-the-clock opioid analgesic therapy is warranted for an extended period. The capsules contain morphine pellets with a sequestered inner core of the opioid antagonist naltrexone that is released when the product is crushed or chewed, thereby discouraging tampering and drug abuse. Embeda is not intended for PRN use. Embeda can be abused in a manner similar to other opioid agonists. It is only recommended for opioid tolerant patients. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In this case,

there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, or an opioid contract. There is no documentation of significant pain relief or increased function from the OxyContin used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Valium 5 mg Qty 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. 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, 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. In this case, the patient has continued sleep disturbances despite the use of Valium. In addition, there are no guideline criteria that supports the long-term use of benzodiazepines. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Ambien 10 mg Qty 20: 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 - 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) Insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and 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 continued sleep disturbances despite the use of Ambien. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

