

Case Number:	CM15-0181990		
Date Assigned:	09/23/2015	Date of Injury:	10/24/2012
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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, Tennessee

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 72-year-old male, with a reported date of injury of 10-24-2012. The diagnoses include cervical spine degenerative disc disease, cervical myofascial sprain and strain, chronic lumbar myofascial sprain and strain with no evidence of radiculopathy, major depressive disorder, unspecified neurocognitive disorder, post-traumatic stress disorder with depression, and psychological factors affecting medical condition. Treatments and evaluation to date have included BuSpar, acetaminophen, bupropion, estazolam (Prosom) since at least 12-2014, Tylenol #4 (since at least 02-2015), and psychological testing. The diagnostic studies to date have included an MRI of the lumbar spine on 10-22-2014 which showed mild bilateral facet arthropathy and ligamentum flavum hypertrophy at L4-5 and L3-4, mild hyperlordosis of distal lumbar spine, posterior disc bulge at L5-transitional segment, mild to moderate central canal stenosis, minimal bilateral neural foraminal stenosis, and mild degenerative disc disease. The medical report dated 08-24-2015 indicates that that injured worker has been provided with psychological evaluation and treatment. He presented for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints arising from an industrial stress injury to the psyche. The subjective findings includes depression, lack of motivation, difficulty thinking, excessive worry, panic attacks, inability to relax, shortness of breath, suspicion, tension headache, erectile dysfunction, abdominal pain and cramping, and constipation or diarrhea. The objective findings include depressed facial expressions, visible anxiety, and soft spoken. The treatment plan included a prescription for Tylenol #4, four times a day as needed, and Prosom at bedtime as needed. The request for authorization was dated 08-24-

2015. The treating physician requested Tylenol #4 #120 and Prosom 2mg #30. On 09-14-2015, Utilization Review (UR) non-certified the request for Prosom 2mg #30 and modified the request for Tylenol #4 #120 to Tylenol #4 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 Qty: 120.00: 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, criteria for use, Acetaminophen.

Decision rationale: Tylenol #4 is the compounded medication containing the opioid codeine and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving Tylenol #4 since at least February 2015 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized. Therefore, the request is not medically necessary.

Prosom 2mg Qty: 30.00: 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 rationale: Prosom is the benzodiazepine estazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of

dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the patient has been using Prosom since at least February 2015, indicating long-term use. Long-term use is not recommended. The request should not be authorized. Therefore, the request is not medically necessary.