

Case Number:	CM15-0193535		
Date Assigned:	10/09/2015	Date of Injury:	08/26/2003
Decision Date:	12/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male with an industrial injury date of 08-26-2003. Medical record review indicates he is being treated for cervical post laminectomy syndrome, chronic pain syndrome and degeneration of lumbar intervertebral disc. Subjective complaints (09-02-2015) included neck pain radiating to bilateral upper extremities. The pain is described as "dull, tingling and aching." The pain is rated as 3 out of 10 with medications and 10 out of 10 without medications. The treating physician documented the injured worker delayed getting to appointment due to having to get MRI before coming in and had cut back on medications for the prior 2 weeks. The injured worker noted "the pain was not controlled at all on the lower dosing." "He has had to stay in bed a lot more for the last 2 weeks." The injured worker also reported muscle aches and arthralgias, depression and sleep disturbances. Work status (09-02-2015) is documented as not working. Activities of daily living are documented as "improve with medication." Medications included (09-02-2015) Citalopram, Eszopiclone, Famotidine, Lorazepam, Minocycline, Norco, OxyContin, Pantoprazole, Tamsulosin ER and Trazodone. Physical exam (09-02-2015) revealed tenderness of the paracervical, the trapezius and the rhomboid (cervical spine.) Pain was elicited by motion. The treating physician documented current pain medication regimen controlled the pain and improved level of function. Last toxicology screen is documented as appropriate. Opioid consent is documented as "on file." On 09-11-2015 Utilization review issued the following decision for the requested treatments: OxyContin 20 mg #90, (take one tablet 3 times a day as directed, RX date 09/02/2015): 3 month supply approved for weaning; Norco 10-325 mg #60, (take one tablet twice a day as needed,

Rx date 09/02/2015): 3 month supply approved for weaning; Lorazepam 2 mg #15, (take one table by oral route as needed, Rx date 09/02/2015): 3 month supply approved for weaning; Eszopiclone 3 mg #30 with 5 refills, (take one tablet at bedtime as needed Rx date 09/02/2015); 3 month supply approved for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, (take one tablet twice a day as needed, Rx date 09/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, on page 88 of the CPMTG, there is a recommendation in long-term opioid use of the following: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

OxyContin 20mg #90, (take one tablet 3 times a day as directed, RX date 09/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, on page 88 of the CPMTG, there is a recommendation in long-term opioid use of the following: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Lorazepam 2mg #15, (take one table by oral route as needed, Rx date 09/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: In regard to the request for lorazepam, Chronic Pain Medical Treatment Guidelines state that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The guidelines further state the following regarding benzodiazepines in the context as an anti-spasm agent: "Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm." In the submitted medical records available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication. There was also only a few progress notes from mid 2015 and September 2015 available for review. The duration of time the patient has been on this medication was not provided, and guidelines advise against long-term use of the medication. Benzodiazepines should not be abruptly discontinued, and the tapering process should proceed as the requesting provider sees fit. Given this, the current request is not medically necessary.

Eszopiclone 3mg #30 with 5 refills, (take one tablet at bedtime as needed Rx date 09/02/2015): 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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, it is apparent this is being requested for a 6-month period of treatment. This type of prescription is not appropriate and is incongruent with guideline recommendations of short-term use. Given this, the current request is not medically necessary.